

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Wasatch Behavioral Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Adult Inpatient		Program Manager <i>Pam Bennett</i>	
Form A1 - FY23 Amount Budgeted:	\$1,692,065	Form A1 - FY23 Projected clients Served:	231
Form A1 - Amount budgeted in FY22 Area Plan	\$1,982,801	Form A1 - Projected Clients Served in FY22 Area Plan	234
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,855,059		177
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>Adult Inpatient Services – Program Manager, Laura Oaks LCSW</p> <p>The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. WBH uses the following hospitals for Inpatient Services: Mountain View Hospital Payson, Utah; Utah Valley Hospital (UVH), Provo, Utah; Provo Canyon Behavioral Hospital, Provo, Utah; and Huntsman Mental Health Institute, SLC, Utah. At UVH, patients are placed in one of four sub-units based on acuity, risk of endangering self and/or others, gender and age. Inpatient Services are operational 24-hours a day throughout the year. Additionally, as needed, WBH may use other area hospitals to provide inpatient services. Inpatient Services include 24-hour a day nursing assistance and supervision on a locked psychiatric unit. Daily programming includes psychotherapy groups, individual therapy, recreational therapy, and daily activities. To facilitate discharge, planning meetings with family members and other individuals providing support to the client are scheduled as needed. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital are given their outpatient plan, which includes follow-up appointments with their psychiatrist and other mental health service providers. In addition, each hospital has a WBH crisis worker assigned as a liaison for transitional needs for follow-up care.</p>			
Describe your efforts to support the transition from this level of care back to the community.			
<p>To facilitate discharge, planning meetings with family members and other individuals providing support to the client are scheduled as needed. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital are given their outpatient plan, which includes follow-up appointments with their psychiatrist and other mental health service providers. In addition, each hospital has a WBH employee assigned as a liaison for transitional needs for follow-up care.</p>			

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

We are hoping to decrease inpatient costs with the receiving center and stabilization beds.

Describe any significant programmatic changes from the previous year.

All UR for inpatient has moved under one program manager. Much of the liaison/UR work is now provided by an SSW level employee supported by LCSW's for clinical oversight

2) Children/Youth Inpatient

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$1,435,388	Form A1 - FY23 Projected clients Served:	139
Form A1 - Amount budgeted in FY22 Area Plan	\$1,682,021	Form A1 - Projected Clients Served in FY22 Area Plan	141
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,573,656	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	163

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Children/Youth Inpatient Services – Program Manager, Laura Oaks LCSW
The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. WBH uses the following hospitals for Child/Youth Inpatient Services: Provo Canyon Behavioral Hospital, Provo, Utah, Highland Ridge Hospital, SLC, Utah, [Huntsman Mental Health Institute](#), SLC, Utah and [Wasatch Canyons, Taylorsville, Utah](#). Additionally, as needed, WBH may use other area hospitals to provide inpatient services. Inpatient Services include 24-hour a day nursing assistance and supervision on a locked psychiatric ward. Daily programming includes psychotherapy groups, individual therapy, recreational therapy, and daily activities. To facilitate discharge, planning meetings with family members and other individuals providing support to the client are scheduled as needed. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital are given their outpatient plan, which includes follow-up appointments with their psychiatrist and other mental health service providers. WBH has developed an Acuity Based Care Model which includes increased staff, increased on-site Crisis presence. We have also introduced an outreach team known as the Children, Youth and Family Assessment Stabilization Team (CY FAST). These services will include more immediate face-to-face clinical intervention, urgent medical evaluations for children, youth and families.

Describe your efforts to support the transition from this level of care back to the community.

Close care and attention to discharge planning and follow up services are provided to integrate all clients back into the community. FAST and CYFAST teams are assigned until client's who discharge are integrated back into an outpatient treatment team.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WBH is working with the youth MCOT to decrease the cost of inpatient care.

Describe any significant programmatic changes from the previous year.

All UR for inpatient has moved under one program manager. Much of the liaison/UR work is now provided by an SSW level employee supported by LCSW's for clinical oversight.

3) Adult Residential Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$842,094	Form A1 - FY23 Projected clients Served:	110
Form A1 - Amount budgeted in FY22 Area Plan	\$805,113	Form A1 - Projected Clients Served in FY22 Area Plan	108
Form A1 - Actual FY21 Expenditures Reported by Locals	\$651,782	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	102

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Intensive Residential Treatment (IRT) – Program Manager, Sue Leavitt LCSW
The Intensive Residential Treatment (IRT) is located on WBH's Parkview campus, 1157 E. 300 N., Provo, UT. IRT is a residential care/treatment program designed to help people who suffer from chronic mental illness by providing resources, services, and opportunities as an alternative to hospitalization. It is a 16-bed co-ed adult residential facility serving ages 18 and older. Beds are typically available for 8 males and 8 females. IRT is staffed with awake personnel, including a nurse, 24-hours a day, 7-days a week. An array of services is provided including assessment, individual therapy, group therapy, skills development, case management, day treatment, medication management, and psychopharmacology. A psychiatrist makes rounds bi-weekly and is available on-call, 24-hours a day.

Intensive Residential Treatment for adults (IRT) has expanded programming to include Individual Skills Development (ISD), Group Psychotherapy (GT), Peer Support Services (both individual and group), and other day time activities to increase social skills and integration back into the community. IRT still works in conjunction with crisis services as they are next door. WBH's Crisis Department continues to provide supplemental support for IRT, a highly acute 24 hour program. A crisis therapist is available to work with clients in crisis at IRT in addition to supporting the 24-hour crisis line and walk in crisis after hours

The following housing options are:

Supported Residential Treatment (SRT) – Program Manager, Dave Blume LCSW
Supported Residential Services consists of several levels of supervision within a 32-bed apartment complex located in Payson, Utah. All of these apartments are shared housing and are owned and operated by WBH. Housing services includes: house parents, case managers, daily pillboxes, and supported independent living. Supported Residential Services is a continuation of Intensive Residential Treatment (IRT) and other programs to provide and practice daily living skills, self-care, and symptom management.

*These residential facilities provide non-treatment or quasi-treatment living for WBH clients.

Alpine House*

Alpine House is a non-treatment, 18-bed, home-style facility with bedrooms and family meals for WBH clients. It is owned and operated by Utah County United Way. The 24-hour house parents are their employees. Residents are required to be actively involved in productive activities during the day. Most residents participate in the day treatment model of the Clubhouse at WBH during the day. In addition, WBH provides daily pillboxes, case management and Skills Development/psychoeducational services during the day time.

Independent Living*

Independent Living consists of four non-treatment housing complexes. 1) Maplevue Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by WBH, 3) Yarrow Apartments, a 17-bed apartment complex managed by Utah County Housing, and 4) Provo duplex (4-beds), managed by Provo City Housing. Each of these apartment complexes have case managers assigned to monitor and tend to the client's needs such as money management, connecting with community resources, and general mental health care. Clients are encouraged to participate in Skills Development Services.

Referrals for admission to residential care services come from various sources such as Inpatient facilities, the Utah State Hospital, crisis workers, sister agencies within the community and other departments within WBH. We coordinate with Alpine House, Utah County Substance Abuse, Provo Food and Care Coalition, Provo City Housing, Utah County Housing and various other agencies in providing individualized treatment for each resident.

A continued emphasis in Supported Housing is that each of the case managers will share in the responsibilities as we prepare to serve these clients in teaching skills. The focus will be on improving the client's ability to care better for their daily needs and improving their quality of life. Individual and group treatment will focus on areas such as: cooking, hygiene, transportation, menu planning and shopping along with budgeting, coping skills, time management, independent and life skills and relationships and boundaries.

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

We use a Daily Living Assessment (DLA) evaluation to help determine the acuity of our clients and they are served at the level best suited to meet their needs. Their goals and recovery are reviewed at least annually but usually more often to see how they are progressing in their recovery.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

4) Children/Youth Residential Care

Leah Colburn

Form A1 - FY23 Amount	\$2,669,318	Form A1 - FY23 Projected	410
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Budgeted:		clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$2,552,095	Form A1 - Projected Clients Served in FY22 Area Plan	409
Form A1 - Actual FY21 Expenditures Reported by Locals	\$2,066,059	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	360

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please identify any significant service gaps related to residential services for youth you may be experiencing.*

Aspire Academy – Program Manager, Justin Yearsley LCSW

Aspire Academy is a DCFS Level 6 Mental Health program for 16 adolescent girls, ages 12 to 17. We mainly contract with DCFS but may on occasion accept DJJS girls into the program through the DCFS contract. We may also accept youth from other mental health centers throughout the state. Most girls have been removed from their homes because of neglect, abuse, serious parental inadequacy, or other family problems. All clients have suffered severe trauma. These clients have emotional and behavioral disorders requiring care and supervision in Aspire Academy. Clients at Aspire Academy may exhibit one or more of the following: Moderate psychiatric disorder; severe psychiatric disorder; emotional disorder; behavioral disorder; developmental disorder; traumatic brain injuries; pervasive developmental delays; autism spectrum disorder or similar disorders.

The average length of stay at Aspire Academy is five (5) months. Time in placement may be altered based on individual progress toward goals. They follow a strict behavioral program emphasizing personal responsibility and accountability. At Aspire Academy, we utilize a strength based model coupled with Dialectical Behavior Therapy (DBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) techniques. Each girl attends individual and group therapy, provided by in house therapists and staff. Educational services are provided by Alpine School District in the facility.

WBH accepts girls into Aspire Academy based on admission criteria, funding, and bed availability from DCFS and other mental health centers throughout the state. All therapeutic services are provided by in-house therapists.

Vantage Point Youth Services [and Vantage Point North](#)— Program Manager, Janene Candalot CMHC
Vantage Point is a multiple service, short-term crisis residential program for adolescents, providing three important community services: (1) Youth Services & Juvenile Receiving, (2) DCFS Emergency Shelter Care, and (3) Mental Health Crisis Shelter for Youth. Vantage Point is funded through Medicaid, State funds through Juvenile Justice Services and DCFS.

Youth Services & Juvenile Receiving

Youth Services provides services to teens and families in crisis due to a youth's ungovernable or runaway status, or where there is a serious parent-child conflict. Counseling is provided to resolve family conflict, and to maintain or reunite youth with their families. Our goal is to divert vulnerable youth from the juvenile justice or child welfare systems and hospitalization. Essential services include: 24-hour, 7 days per week crisis intervention, short-term shelter/time out placement, family counseling and 60 day aftercare. Youth Services accepts youth ages 10 through age 17. We provide individual, family, and group therapy; skills development services, behavior management [and access to school](#).

We offer outpatient/community groups (SUD, anger management, and assistance to parents with youth who self-injure). We provide crisis case management and referral services. We also provide 90 days of aftercare services.

In collaboration with Youth Services, Juvenile Receiving is a 24-hour, 7 days per week reception for youth detained by law enforcement who do not qualify for admission to secure detention. We provide relief from the police holding the youth, and an appropriate conduit to services for these youth and their families. Once "received" from law enforcement, Juvenile Receiving connects to parents, conducts an initial screening, and facilitates a referral. Often youth are referred to the Youth Services programming at Vantage Point.

DCFS Emergency Shelter

Vantage Point also provides temporary emergency placement for youth in the custody of the Division of Child and Family Services. These are youth that have been removed due to abuse or neglect, and/or youth who have unexpectedly experienced a disruption in their foster care placement.

Mental Health Crisis Shelter

Vantage Point provides crisis shelter for 10-17 year old youth experiencing a mental health or behavioral crisis creating difficulty for the youth to be in the home. Frequently this is related to suicidal ideation or other unsafe behavior.

How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.

Youth who come to Vantage Point are usually screened either over the phone or in person. Depending on the nature of the crisis and/or circumstances of the youth, trained staff are able to determine if the young person is appropriate for shelter. Shelter functions are to prevent homelessness, hospital diversion, juvenile receiving, and temporary shelter for foster care youth. Once a youth is accepted, discharge planning starts and every effort is given and focuses on a safe exit or return to current level of care. Vantage Point also offers 90 days of aftercare to help with continued stabilization and support upon discharge from Vantage Point. This includes individual and family therapy, and psychosocial rehabilitation services if needed.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WBH hasn't increased the budget since WBH hasn't seen the contract from JJS to help provide funds for VP North and as such the client count hasn't increased either. It was projected to open in May 2022 but back order of furniture and doors and other items remain on back order. At this time we are unsure when exactly it will open but should open in FY23.

Describe any significant programmatic changes from the previous year.

Vantage Point North is scheduled to open by June of 2022. It is co-located on the Utah Developmental Center campus in the city of American Fork. It will be a 16 bed facility and will offer the same services as Vantage Point. This will provide shelter services with better convenience to the community in northern Utah county and further west. The address is 947 N 800 E American Fork Utah.

5) Adult Outpatient Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$6,334,683	Form A1 - FY23 Projected clients Served:	6,472
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Form A1 - Amount budgeted in FY22 Area Plan	\$6,469,799	Form A1 - Projected Clients Served in FY22 Area Plan	6,279
Form A1 - Actual FY21 Expenditures Reported by Locals	\$6,587,842	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	6,854

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

In all of WBH's Outpatient and Family Clinics the following takes place: When a client presents at WBH for a new episode of care, an assessment is completed. This assessment will determine the client's symptoms and functional challenges that need attention and establish a diagnosis. The clinician will determine which level of care is most appropriate for the client and will best meet their clinical needs. A recovery plan is developed and appropriate referrals are made to the level of care that is appropriate for the client, which may include therapy, medication management, case management, skills development, or crisis services.

In addition to regular clinical reviews of the client's progress and treatment plan, the Y/OQ is taken by the client every visit or at least once a month, whichever is more frequent. This Outcome Questionnaire works to provide the therapist with the client's voice, provide feedback to the therapy process and to monitor outcomes. Clinical staff will utilize the clinical information derived from the Y/OQ with clients. The significant therapeutic issues assessed from the questionnaire will be processed with the client in an effort to help them reach their goals. Staff will report the numeric data and the process discussion in the session notes. Through these processes, clinicians work with the client to ensure that they receive the right amount of treatment. The primary goal is to foster independence in all areas of the client's lives.

The goal of outpatient services is to intervene early in the course of mental illness to ameliorate the destructive effects of mental illness in the lives of individuals and their families. Licensed Mental Health Therapists and interns provide assessments, individual, group, marital, and family therapies. Social Service Workers provide general case management assistance and wellness coordination for clients. Experienced therapists work with children, adolescents, adults, and families to address the mental health disorders and co-occurring disorders such as: victims and perpetrators of domestic violence (DV) (In the Westpark Family Clinic only), treatment of the dually diagnosed, those with mental illness and substance abuse (MI/SA), mental illness and mental retardation (MI/MR), treatment of borderline personality disorders, sexual abuse victims, and treatment of the seriously and persistently mentally ill to name a few. The Outpatient Clinics offers an excellent training environment for social work, mental health counselor, marriage and family, and doctoral level psychology interns.

American Fork Family Clinic – Program Manager, Bryant Jenks LMFT

The American Fork Family Clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 578 E. 300 S., American Fork, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m., Friday from 8:00 a.m. until 5:00 p.m.

Mountain Peaks Counseling (MPC) – Program Manager, Dave Blume LCSW

Mountain Peaks Counseling (MPC) provides mental health services for individuals of all ages who live in Utah County. It is primarily designed to provide quality mental health services to individuals and families [who are funded by Medicaid as a clinic that can help provide access to treatment when the regular family clinics are scheduled weeks to months out for treatment](#). The MPC office is located at 580 East 600 South, Provo, UT. Office hours are: Monday through Thursday from 5:00 p.m. until 9:00

pm and Friday 8:00 am until 5:00 pm.

Provo Family Clinic – Program Manager, Elizabeth Feil LCSW

The Provo Family clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 1165 E. 300 N. Provo, UT. Office hours are Monday through Thursday 8:00 a.m. to 6:00 p.m. Friday the clinic is open from 8:00 a.m. to 5:00 p.m.

Psychological Assessment Services (PAS)– Program Manager, Jaime Houskeeper Psy.D.

PAS provides psychological testing to assist in diagnostic clarification and treatment planning.

Psychological testing is performed by staff psychologists and doctoral level psychology interns and residents. This service is primarily utilized by prescribers and therapists seeking objective information regarding a client's condition and prognosis. Psychological Assessment Services also completes psychological evaluations for individuals referred by providers within the community and with contracted organizations. Psychological testing is available in American Fork Family Clinic, Provo Family Clinic, Payson Family Clinic, Wasatch County Family Clinic, Intensive Residential Treatment (IRT), Aspire Academy and Westpark Family Clinic. There is a designated testing center at Westpark that centralizes resources and coordinates testing provided centerwide.

Payson Family Clinic– Program Manager, Elizabeth Feil LCSW

The Payson Family Clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 285 North 1250 East, Payson, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m. Friday it is open from 8:00 a.m. to 5:00 pm.

Bridge Team– Program Manager Dave Blume LCSW

WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, [a part time Peer Support Specialist](#), and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Wasatch Assistance Team Counseling the Homeless (WATCH): Program Manager Monte Memmott CMHC

The WATCH program works to meet the needs of individuals with mental illness who are experiencing homelessness through street outreach/in-reach, assessment and evaluation, individual and group therapy, case management, skills development and medication management.

Case management services include payee services, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

WBH doesn't have an ACT team to fidelity but an ACT like team as stated above.

WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Case management services include payee services, providing personal services and skills

development such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.

WBH has always paid close and careful attention to all adult and youth civil commitments. Both new applications for involuntary commitments, current commitments, and commitments that are appropriate to be discharged. All initial civil commitments ordered by the 4th district judge are assigned a case manager to oversee compliance to mental health treatment at the necessary level of care, which is always in the least restrictive setting for safety. The majority of clients under an involuntary civil commitment are provided close monitoring at WBH, regardless of funding. Clients with Medicaid are able to be seen at WBH clinics. However, clients who prefer seeing an existing provider, or who have insurance other than Medicaid, have the ability to seek treatment outside WBH. As long as clients are under civil commitment, WBH expects clients to be compliant with their treatment plan, which is designed around the least restrictive form of appropriate treatment.

Unfortunately, at times when clients are not compliant with treatment, and especially medications, an Order for Placement Into a More Restrictive Environment (OPMRE) is used to place the individual back into a higher level of care that is appropriate for the client's and community's safety. WBH averages 160 currently active adult involuntary civil commitments. Patients under these commitments can be placed in various levels of care while still being under commitment, which include; Inpatient Psychiatry (acute and state hospital), residential, and outpatient. Regardless of where clients are placed for treatment, all civil commitments are reviewed at the intervals determined by the Judge in the Utah County 4th District Court. Clients under indeterminate terms of civil commitment are reviewed by WBH at least every 6 months, which is in accordance with state statute. WBH takes seriously the need to monitor and coordinate care for those under these mental health commitments. Most of the coordination, oversight and logistical needs to conduct this management is not reimbursed by Medicaid or insurance companies. WBH provides this service to the community at a significant financial loss.

The new Assisted Outpatient Treatment legislation that was recently passed has posed a challenge to WBH and other community agencies. How to exactly enforce and implement these changes within the court system remains a challenge.

6) Children/Youth Outpatient Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$7,307,382	Form A1 - FY23 Projected clients Served:	4,352
Form A1 - Amount budgeted in FY22 Area Plan	\$7,463,245	Form A1 - Projected Clients Served in FY22 Area Plan	4,221
Form A1 - Actual FY21 Expenditures Reported by	\$7,599,413	Form A1 - Actual FY21 Clients Serviced as	3,815

Locals		Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. <i>Please highlight approaches to engage family systems.</i>			
<p>American Fork Family Clinic – Program Manager, Bryant Jenks LMFT The American Fork Family Clinic provides mental health services for children, youth, and their families on-site in the clinic and in some school locations in the Alpine School District. The clinic is located at 578 E. 300 S., American Fork, UT. Office hours: Monday through Thursday from 7:30 a.m. until 7:00 p.m. and Friday 7:30 a.m. until 5:00 p.m. Services include individual and family therapy, medication management, psychological testing, case management, payee services and group therapy. We have seen an increase in clients needing treatment for trauma related disorders. WBH has certified EMDR therapists or those who are working toward certification. They will use this particular technique with clients who have been diagnosed with trauma related disorders.</p> <p>New Vista Youth Services – Program Manager, Justin Yearsley LCSW New Vista is an outpatient/day treatment program for youth ages 9-18 who have experienced various forms of trauma in their lives. The program is located on the Parkview Campus of WBH in Provo, Utah. The program runs year round, following the school calendar, 6:00 a.m. until 5:30 p.m., Monday through Friday. The full-time day treatment program is for youth in jr. high and high school, roughly 13-18 years of age. A New Vista therapist can see children under 12 in an outpatient setting. The goal of New Vista is to help traumatized youth learn to cope with their trauma. New Vista offers two treatment tracks. 1) Trauma track: This is for youth who have experienced trauma in their lives and are struggling to cope with the emotions and thoughts they experience because of the trauma. Many of the youth have begun to act out in unhealthy ways such as self-harm, running away, defiance, skipping school, unhealthy/inappropriate relationships or harming others in various ways. This treatment is based on principles of TF-CBT, DBT, CBT, EMDR, and Solution-Focused therapy.</p> <p>2) NOJOS track – This is for youth who have demonstrated unhealthy/inappropriate/illegal sexual behaviors and are court-ordered to receive NOJOS (Utah Network on Juveniles Offending Sexually) treatment. These youth have been adjudicated in Juvenile Court and ordered to complete a NOJOS level one (psychosexual education); level two (outpatient individual, family and group therapy); level three (day treatment supervision, school services); level four (outpatient/day treatment and foster/proctor home supervision). Most of the youth flow between NOJOS levels 2 - 4. Youth in NOJOS treatment receive interventions specific for the sexual acting-out behaviors. Therapy focuses on consent, boundaries, thinking errors, empathy, copings, understanding their own sexual development, and preventing future sexual relapses. We know that most, if not all, of these youth, however, have also experienced some form of trauma in their lives, which is why they also participate in many of the treatment groups focused on the treatment of trauma.</p> <p>Education classes and support groups are offered to parents who have a child in the New Vista program.</p> <p>Provo Family Clinic– Program Manager, Elizabeth Feil LCSW The Provo Family Clinic provides mental health services for children, youth, and their families. The clinic is located at 1165 E. 300 N., Provo, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m., and Friday from 8:00 a.m. until 5:00 p.m. A wide range of services are offered to improve the functioning and mental health of children and families. Prescribers conduct psychiatric evaluations and medication management, as needed. Psychological testing is available. There are therapists who have a variety of training to work with teens and children. Some of the modalities</p>			

available include, family therapy, cognitive behavioral therapy, solution focused therapy play therapy and Child Parent Relationship Therapy (CPRT), sand tray therapy, TFCBT, PCIT, Dialectical Behavior Therapy (DBT) and Eye Movement Desensitization and Reprocessing (EMDR) and Trust Based Relational Intervention (TBR).

Case managers are available to help connect clients to services within the community and help provide wrap around service. The Provo Family Clinic offers an excellent training environment for social work, licensed mental health counselors, marriage and family therapists, and doctoral level psychology interns. We contract with outside providers on a case by case basis. There are therapists and case managers that also work with schools in the Provo school district to provide services within the schools to individuals and groups of clients.

Psychological Assessment Services (PAS)– Program Manager, Jaime Houskeeper Ph.D.
PAS provides psychological testing to assist in diagnostic clarification and treatment planning. Psychological testing is performed by staff psychologists and doctoral level psychology interns and residents. This service is primarily utilized by prescribers and therapists seeking objective information regarding a client's condition and prognosis. Psychological Assessment Services also completes psychological evaluations for individuals referred by providers within the community and with contracted organizations. Psychological testing is available in American Fork Family Clinic, Provo Family Clinic, Payson Family Clinic, Wasatch County Family Clinic, Intensive Residential Treatment (IRT), Aspire, and Westpark Family Clinic. There is a designated testing center at Westpark that centralizes resources and coordinates testing provided centerwide.

Payson Family Clinic – Program Manager, Elizabeth Feil LCSW

The Payson Family Clinic provides mental health services for children, adolescents, and their families. The clinic is located at 285 N 1250 E, Payson, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m. Friday it is open from 8:00 a.m. to 5:00 pm. Services include individual and family therapy, medication management, psychologist, case management, payee services, and group therapy. We have seen an increase in clients needing treatment for trauma related disorders. WBH has certified EMDR therapists or those who are working toward certification. They will use this particular technique with clients who have been diagnosed with trauma related disorders.

Westpark Family Clinic – Program Manager, Dean Anderson LCSW

Westpark Family Clinic Westpark family Clinic provides mental health services for children, adolescents, adults, and families. Outpatient main office, located at 750 N. Freedom Blvd, Provo, UT. Office hours are: Monday through Friday from 8:00 a.m. until 7:00 p.m. Services include individual and family therapy, medication management, case management, payee services group therapy, PASRR Evaluations, Mental Health Court, Licensed Domestic violence Treatment, and shuttle services to and from appointments.

Prevention and Recovery for Early Psychosis (PREP) Team Program Manager, Dave Blume LCSW

The purpose of the Prevention and Recovery in Early Psychosis program is to help youth during their first episode of psychosis with treatment for stability and hopefully prevent another episode of psychosis. The research suggests that with intensive treatment and wrap around services, this program has been successful in preventing youth from developing a psychotic disorder. Families are supported in this process as well. We currently serve youth between the ages of 14-24 for up to 2 years before they are transitioned to a family clinic for ongoing treatment. Services include, individual therapy, family therapy, multi-family group, medication management, targeted case management, and family resource facilitation and peer support services. [The team consists of a full time case manager, 1.5 therapists, an full time occupational therapist, part time nurse and part time prescriber. We are excited that we have an occupational therapist, the only on in the state of Utah in outpatient mental health. Their role consists of evaluating the functional living skills of clients as well as assessing for social interactions in work, school or social settings. They will work with the client in their environment](#)

for the most accurate assessment. They have the ability to complete full workups on the clients which is then shared with the team as we work on the recovery plan with the client.

Clinical High Risk (CHR) Program Manager, Dave Blume LCSW

The purpose of this program is to enhance the PREP program. It is a stepped care model and allows clients to be screened and then tracked during the first onset of psychotic symptoms as young as age 13. Clients will be monitored for the first onset of psychosis so that PREP can be determined when to start. Young people and their families will receive specialized support and monitoring during this critical time.

Strengthening Families/Grand Families, Program Manager – Michael King LCSW

The Strengthening Families Program is run out of Provo Family Clinic, Payson Family Clinic and American Fork Family Clinic. It is a fourteen week group therapy and skills based program to assist families in strengthening relationships, communication and problem solving. It consists of parent groups, children and teen groups and family groups all working together.

Grandfamilies of Utah County are run out of Provo Family Clinic. It is a 10 week program designed to help and support relatives who are raising relatives. It is designed to help and support the relatives raising children in kinship placements and to support the children and teens in those families.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

If a youth or family demonstrates a need for higher care we prefer to consult on these cases to involve more case management and behavior management in the home or other wraparound needs. We also can refer to our internal day treatment or partial day treatment programs like XCEL (age 12-17), STRIDE (age 5-12), and New Vista (age 12-17). We also have groups for families like Grandfamilies and The Strengthening Families Program available to benefit this population. We utilize all the above to help prevent youth going to the residential level of care. Outcome measures used to track progress are our Clinical Support Tools (TSM and ASC), and our use of Youth Outcome Questionnaire for symptom distress. We can also provide additional support to families who need a higher level of care by utilizing the CY-FAST team for brief periods of time to help with stabilization, make sure families are aware of resources such as Vantage Point, the Family Support and Treatment Center crisis nursery and other community supports that might be appropriate. For parents of kids with a history of trauma or attachment issues, we can refer them to the Trust Based Relational Intervention Parent Group, Parenting the Traumatized Child group. Other group options are available as well (Westpark's Youth DV group, Seeking Safety, DBT, etc). Those aren't all available "in the community," but some groups are available via Zoom, which has minimized the need for parents to find child care or spend time traveling. We can also use respite services to help out the family either in an individual or small group that can happen in home, in community, or at one of our buildings or campuses.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

Form A1 - FY23 Amount Budgeted:	\$2,357,920	Form A1 - FY23 Projected clients Served:	964
Form A1 - Amount budgeted in FY22 Area Plan	\$2,235,952	Form A1 - Projected Clients Served in FY22 Area Plan	943
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,186,988	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	893

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of crisis services.

Crisis Services – Program Manager Laura Oaks LCSW Mobile Crisis Outreach Team (MCOT), Liaison with State Crisis Line, Receiving Center, Crisis Residential Support

WBH provides 24-hour crisis mental health services to those residing in Utah County and Wasatch County. These services are provided 365 days a year, including holidays, for all age groups (Children/Youth/Adults). These crisis services are provided in 3 main modalities: Crisis line phone support through the Utah State Crisis Line, Mobile Crisis Outreach Team (MCOT), walk-in evaluations including a possible admission up to 24 hour admission at the Receiving Center, and admissions to the Crisis Residential Support. A large part of our mission is to serve those in Utah County and also decrease demands on our local emergency rooms and first responders.

Crisis services may be provided over the telephone (Utah State Crisis Line). At this time, the HMHI runs and operates the statewide crisis line and all crisis line calls are triaged through this hotline. All follow up calls for resources or Mobile Crisis Outreach dispatches are triaged through this state resource. It is expected that the state crisis line resolves as many of the mental health crises over the phone as possible. Those calls needing more intervention may be referred to the MCOT team or to a higher level of care.

WBH operates a 24 hour Mobile Crisis Outreach (MCOT) team to fidelity. This team is designed to dispatch one master level therapist and one peer support specialist together as a team. This team is available to respond in the community with individuals of concern who are experiencing mental health crises. This team is also available 24/7, 365 days a year, and more than one team is scheduled during peak demand times. These teams partner closely with police and EMS. They are Certified Crisis Workers in the state of Utah and have specific crisis mental health training. They are all mental health officers and experts on involuntary civil commitment statutes and protocols.

The Adult Receiving Center [has been operating for over a year now](#). WBH has operated a youth receiving center for over 20 years. The Adult Receiving Center has been open since February 16th 2021, and is a new resource for Utah County that has been in the planning stages for several years. [We were able to move into our remodeled building in January 2022](#). For Crisis Line and MCOT staff, the options for those in crisis were to remain in the home, or be referred to an emergency room. Now with this receiving center, individuals receive wrap-around mental health services at the time they need them, without the wait time and cost of an emergency room. Individuals have access to therapy, safety planning, nursing care, case management 24 hours a day, and medication management and prescriptions on a limited basis. This level of care is for any adult individual willing to be a voluntary participant, and does NOT have any serious medical conditions. Target length of stay is less than 23 hours, so many clients can stay overnight if needed.

Should longer care to transition to safety be needed, admission to another new program can be facilitated. This facility is called Crisis Residential Support (CRS). CRS is a 24 hour facility that also provides the same wrap-around clinical services of the Receiving Center. This facility is considered a Sub Acute hospital level of care, where the patient is admitted to an actual bedroom, and offered individualized treatment to further stabilize the crisis. Patients can also be stepped down from a locked inpatient unit to this unlocked facility to assist with better transition to the community. [WBH was able to staff and open their separate building for this program in March, 2022](#).

The overall concept of this crisis mental health continuum is to provide crisis mental health care in the least restrictive environment necessary to stabilize the crisis. Increase in support and level of care, even to a locked psychiatric hospital is always an option as appropriate. However, most of the time locked psychiatric care is not necessary. We also emphasize significant collaboration with police and community partners. These services are subsidized by Medicaid and state grants so that anyone, regardless of ability to pay can benefit from these services.

With the many changes in Crisis Services statewide, and within WBH, WBH administration has kept in very close contact with the Utah Division of Substance Abuse and Mental Health to make sure we are following new state statutes and rules. Several WBH administrators attend and support many various community coordination meetings. For example there are four police meetings held several times each month for police departments in South Utah County, Central Utah County, North Utah County, and Wasatch County. WBH has a strong presence at each of these meetings and is looked to as the leader in collaboration for the mental health needs our law enforcement partners have questions about. We link and coordinate with all other essential community agencies as well on a consistent basis, many of those are also talked about in other parts of this plan.

Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

Specific monthly, quarterly and yearly reports for these respective grants check for outcomes from MCOT, Receiving Center and the Crisis Residential Support programs. Specific metrics such as response times, admission rates, police referrals, number of inpatient admissions after MCOT or Receiving Center points of contact are tracked and reviewed regularly. Crisis staff are also able to use the CSSRS and Stanley Brown safety plan to more systematically intervene with topics of suicide. All outcomes are monitored and stored in the WBH electronic medical record system called Junction, and a state run Qualtrics database. [Work is being done at this time to transition the Receiving Center](#)

reporting data into our electronic medical record system by the beginning of fiscal year 2023. Tech support from WBH and DSAMH are provided to these facilities.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None.

8) Children/Youth 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$727,695	Form A1 - FY23 Projected clients Served:	211
Form A1 - Amount budgeted in FY22 Area Plan	\$690,053	Form A1 - Projected Clients Served in FY22 Area Plan	207
Form A1 - Actual FY21 Expenditures Reported by Locals	\$366,325	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	286

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Outreach, Receiving Center and In-Home Stabilization Services). Include if you provide SMR services, if you are not an SMR provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at-risk youth, children, and their families.

Adult/Youth/Children 24-Hour Mobile Crisis Outreach Team and 24 Hour Crisis Line Services – Program Manager, Laura Oaks LCSW
Mobile Crisis Outreach Team and Crisis Line Services – Program Manager, Laura Oaks LCSW

WBH provides 24-hour crisis and emergency services to those residing in Utah County and Wasatch County. These services are provided 365 days a year, to all age groups (Children/Youth/Adults). These services are provided via walk in clinic hours at the Recovery Outreach Center or response by the Mobile Crisis Outreach Team (MCOT).

We have a fully compressive crisis response system called: CYFAST = Children and Youth Family Assessment Stabilization Team. We have continued the expanded on-site hours with crisis clinicians, there will be an onsite masters level clinician from 7:45am to 10pm and for 4 hours (additional time available as needed) every Saturday, Sunday and Holiday. Multiple full time crisis clinicians are available on-site, to respond to crisis and mental health emergency situations during regular business hours from 7:45am until 5:00pm. The after-hours Crisis worker and Psychiatrist will be available 24 hours per day, and face to face if necessary. The WBH crisis phone number is 1-800-273-8255 is the Statewide Utah Crisis Line at [Huntsman Mental Health Institute \(HMHI\)](#). Crisis phone line support is available 24 hours a day 365 days a year. WBH works in collaboration with the statewide HMHI crisis

line and all crisis line calls are first triaged by the HMHI crisis line staff. MCOT and other follow up to those calls can be coordinated in real time with a WBH MCOT worker, and WBH MCOT workers offer follow up the next business day to all previous day crisis line calls. If those in the community prefer to talk to a crisis worker in person, they can present to the Recovery Outreach Center (the ROC, a crisis triage center) during regular business hours or by appointment at 1175 E 300 N Provo, Utah. This is also a resource the Utah Crisis Line at HMHI is able to access when talking with callers

Crisis services may be provided over the telephone (Utah Crisis Line) or through a face-to-face assessment. In addition, WBH has added a robust MCOT team consisting of a master's level clinician, and a certified peer support to respond to mental health crises in the community. The entire MCOT, FAST and CYFAST team has been trained as Certified Crisis Workers in the State of Utah. Youth and Adult Mobile Crisis Outreach Teams can respond in the community at the time of a mental health crisis, and also for additional follow up services.

Crisis clinicians are knowledgeable of community resources and work toward a disposition that assures the person's and community's safety while using the least restrictive environment possible. When needed, crisis clinicians arrange for the person in crisis to receive services in an inpatient facility, residential facility, or outpatient clinic. Anyone in Utah County, regardless of their ability to pay, who comes in contact with WBH's Crisis/MCOT team, is screened for appropriate treatment options. Additionally WBH, as the local mental health authority, provides an emergency mental health evaluation and subsequent treatment, as needed, on all individuals referred for Involuntary Commitment on a pink slip, blue slip, or a judicial order. Individuals not needing immediate crisis treatment are referred to an appropriate community resource, and contacted the following day by a crisis worker to assess their continuing needs and assure continuity of care. In addition, all people who have been in a psychiatric hospital and tracked by WBH, will be provided a follow up after-care plan. Each inpatient discharge is contacted in person (via the mobile crisis outreach team), or on the phone until the client has engaged and initiated follow up care. WBH has maintained active Mental Health Officer Trainings to all local hospitals.

With the many changes in Crisis Services statewide, and within WBH, WBH administration has kept in very close contact with the Utah Division of Substance Abuse and Mental Health to make sure we are following new state statutes and rules. Changes in the Statewide Crisis Line, Certified Crisis Workers, and MCOT teams have necessitated significantly more administrative time and attention from WBH.

Several WBH administrators attend and support many various community coordination meetings. For example there are four police meetings held several times each month for police departments in South Utah County, Central Utah County, North Utah County, and Wasatch County. WBH has a strong presence at each of these meetings and is looked to as the leader in collaboration for the mental health needs our law enforcement partners have questions/concerns about. We link and coordinate with all other essential community agencies as well on a consistent basis, many of those are also talked about in other parts of this plan

Vantage Point Youth Services – Program Manager, Janene Candalot CMHC

Vantage Point Youth Services provides 24 hour crisis intervention and shelter care specifically for youth ages 10 through 17. Vantage Point currently diverts an average of over 50 youth monthly from inpatient care and states custody by providing a safe setting, 24 hour supervision, and needed clinical intervention on site to youth that otherwise may have needed inpatient care if this less restrictive option were not available. Vantage Point works closely to coordinate services with the Crisis Team and the CY-FAST team in these cases. Cases clearly needing inpatient care are linked to that level.

Wasatch Behavioral Health has a liaison that coordinates with SMR twice a month to address cases and support hand offs.

Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

WBH tracks specific metrics for MCOT's to youth clients and also Vantage Point closely monitors admissions, discharges and referrals. WBH tech support helps with tracking and managing reports for these metrics.

Vantage Point uses the YOQ and ACES as well as Quick Crisis Assessment Form which are all a part of the initial intake process.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Funds used over the past year have been low due to staffing issues. With hiring problems the WCFC program manager has been the only therapist working MCOT for the last year. Having his time divided has resulted in lower cost. Additionally, we have not been able to staff around the clock. WCFC is investigating Central Utah's staffing flow that allows for an enticing schedule to aid in the recruitment of master's levels clinicians. We anticipate that with a new creative staffing flow we should be able to staff a 24 hour team resulting in substantially higher cost as well as a fully staffed team.

Describe any significant programmatic changes from the previous year.

Vantage Point will be expanding into North county, specifically American Fork. We will be adding a second location with an additional 12 potentially 16 bed facility in partnership with JJS. This is scheduled to open in the winter 2022. VP North was postponed due to COVID but is now moving forward.

The Vantage Point North expansion project is underway, allowing us to expand to the north end of the county to serve more of the community. It will be located on the USDC campus in American Fork. Due to this expansion,

9) Adult Psychotropic Medication Management

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$4,328,446	Form A1 - FY23 Projected clients Served:	2,698
Form A1 - Amount budgeted in FY22 Area Plan	\$4,418,416	Form A1 - Projected Clients Served in FY22 Area Plan	2660

Form A1 - Actual FY21 Expenditures Reported by Locals	\$2,978,620	Form A1 - Actual FY21 Clients Served as Reported by Locals	3,471
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. <i>Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings</i></p>			
<p>Medication Management Services – Program Manager, Jaime Houskeeper Psy.D WBH clients are provided Medication Management Services by staff psychiatrists, APRN's, and nurses assigned to Westpark Family Clinic, Intensive Residential Treatment, Crisis Residential support. The Receiving Center. Provo Family Clinic, Payson Family Clinic, American Fork Family Clinic, Supported Housing Services, Nursing Home Services, Wasatch Assistance Team Counseling the Homeless (WATCH), Bridge(in home services ACT-Like Model) and Prevention and Recovery for Early Psychosis (PREP). Medication management services are provided by in house and contracted employees as well as contracted providers.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
None			
<p>Describe any significant programmatic changes from the previous year.</p>			
None.			

10) Children/Youth Psychotropic Medication Management

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$932,835	Form A1 - FY23 Projected clients Served:	802
Form A1 - Amount budgeted in FY22 Area Plan	\$952,224	Form A1 - Projected Clients Served in FY22 Area Plan	790
Form A1 - Actual FY21 Expenditures Reported by Locals	\$641,930	Form A1 - Actual FY21 Clients Served as Reported by Locals	790
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. <i>Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.</i></p>			
<p>Medication Management Services – Program Manager, Jaime Houskeeper Psy.D. Medication Management Services for WBH clients are provided by staff psychiatrists, APRN's, and nurses. These services take place for clients assigned to Provo Family Clinic, Payson Family Clinic, American Fork Family Clinic, New Vista Youth Services, Vantage Point Services, Autism Services, School Based Services and Aspire Youth Services.</p> <p>Individuals receiving Medication Management Services must be a client of WBH and require medications for the treatment of their mental illness.</p>			

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$769,594	Form A1 - FY23 Projected clients Served:	340
Form A1 - Amount budgeted in FY22 Area Plan	\$786,274	Form A1 - Projected Clients Served in FY22 Area Plan	305
Form A1 - Actual FY21 Expenditures Reported by Locals	\$770,793	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	292

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Skills Development Services or Psychoeducational Services – Wasatch House Director-Kathy Barrett, SSW

This is a specialized intensive Skills Development program that provides skills development/psychoeducational services, using a certified Clubhouse Model. The Skills Development Services program is housed at Wasatch House (Clubhouse) located at 605 E. 600 S., Provo, UT.

Services are available to adults 18 years of age and older living with the effects of mental illness and are currently receiving services from WBH. Wasatch House is open five days a week from 8:00 am until 5:00 pm as well as one evening per week, many of the major holidays, and some weekends for programming. Services are designed to help clients work in a “work ordered day” following the Clubhouse model. Clients participate in meaningful work roles at Wasatch House to learn the skills that allow them to transition to a level of employment appropriate for them. (see employment types listed below) Opportunities for education and socialization skills are focused on employment opportunities that are offered at Wasatch House. Wasatch House focuses on increasing the general overall physical wellness of our clients. Services assist members to focus on their wellness by involving them in various wellness activities during the day and after hours, providing healthier lunch options and tracking their exercise as a unit each week.. Exercise equipment is available for members to work out on and staff and members together teach the importance of being healthy, as it significantly impacts their mental health. Services are provided for both males and females who have a diagnosed mental illness and require that a person’s intellectual functioning level be such that he/she is able to participate and benefit from the programming provided.

The program will continue to aid in the recovery of individuals with severe mental illness by assisting members with their overall health by continuing a “Wellness” educational program. Wasatch House will see an improvement in the physical health of its members. Wasatch House will also see an increase in

the number of members working in the community, quitting smoking, going back to school and obtaining their GED, and living independently.

Other areas of psycho educational/ skills we offer are; helping clients rehabilitate their ability to work. The three main areas of employment that are focused on in this model are as follows:

Transitional Employment— Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development/ Psychoeducational Services staff provides on-the-job training, supervision and support. If the member misses work due to their mental illness, a staff member will work the position until the member returns.

Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Wasatch House for support. Most supported employees work 19 hours per week, at or above minimum wage.

Independent Employment—Wasatch House staff assists members in obtaining permanent full-time or part-time employment. Staff assists members in job searches, filling out applications and with writing resumes. This usually takes place after the member has had experience with the Transitional/Supported Employment.

Wasatch House is now a Certified Rehabilitation Facility by the Utah Department of Workforce Services/Utah State Office of Rehabilitation which opens up a funding source through Vocational Rehabilitation Services for milestone payments for possible job development, job placement and job coaching services on behalf of our members.

Wasatch House is accredited by Clubhouse International at the highest level as meeting or exceeding the 37 standards that define a Clubhouse. Our status is reviewed every 3 years and we are currently accredited through August 2022.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Wasatch House receives client referrals from Wasatch Behavioral therapists, case managers and prescribers. Client employment data is collected monthly. Wasatch House staff attend various department meetings to help identify clients who might be interested in attending. They also teach and remind staff of other departments about their services. Other department staff will invite or have the client go over and walk through Wasatch House for a tour and explanation of the program which is usually completed by a Wasatch House member.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WBH is working on increasing the client count. This may all change if COVID sees another surge and we have to limit or shut down programs. This will also depend on WBH's ability to hire staff to fill positions.

Describe any significant programmatic changes from the previous year.

None

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation *Leah Colburn*

Form A1 - FY23 Amount Budgeted:	\$2,414,597	Form A1 - FY23 Projected clients Served:	710
Form A1 - Amount budgeted in FY22 Area Plan	\$2,466,927	Form A1 - Projected Clients Served in FY22 Area Plan	635
Form A1 - Actual FY21 Expenditures Reported by Locals	\$2,418,357	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	712

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

GIANT Steps (Autism) – Program Manager, Michael King LCSW
GIANT Steps is a day treatment program for preschool children ages 3 to 5 who have been diagnosed with an Autism Spectrum Disorder in addition to a mental health diagnosis. The program is located in six classrooms: three are within Foothill Elementary School, Orem, one is adjacent to Thunder Ridge Elementary School in Saratoga Springs, one is adjacent to Wasatch Elementary School in Provo, and Spanish Fork classroom is located within Canyon Elementary School. The program runs from August through June and children attend Tuesday through Friday between 9:00 a.m. and 3:30 p.m., daily. GIANT Steps currently serves 72 children and their families.
All services are provided by Wasatch Behavioral health staff in the GIANT Steps program.

The purpose of the program is to provide coping strategies for parents and preschool aged children with co-occurring Mental Health Disorders and Autism Spectrum Disorders to help overcome their delays in social, emotional, and daily living skills development. During the month of July, and part of August, a summer program is offered four days a week for 6.5 hours each day. The goal of GIANT Steps is to help children with autism develop age appropriate social and communication skills, to alleviate their comorbid mental health diagnoses (ex. anxiety, depression, etc.), and to reach their developmental goals. GIANT Steps educates and supports the parents of children who are on the autism spectrum so they are able to continue implementing treatment objectives at home, better understand their child's diagnosis, and learn how to better advocate for their child's needs. GIANT Steps employs a multi-faceted treatment approach that includes proven methods of treatment for autism spectrum disorder. Some of these include ABA Discrete Trial Sessions, TEACCH, Greenspan's Floor Time, relationship intervention strategies, developmental social training, KinderMusic, sign language and PECS. The PEP-3 and CARS-2 assessments are used as pre- and post-testing instruments to evaluate the progress made by each child. These instruments are used after the child has received a diagnosis of autism from a psychologist using the ADOS or ADIR testing instruments. GIANT Steps has a cooperative working arrangement with all Alpine School District services. Alpine School District provides speech therapy, occupational therapy, and adaptive physical education as delineated on each child's individual education plan. Services such as speech therapy and occupational therapy are provided for the children attending our Provo and Nebo School District classrooms, as well.

Children are referred to the program through family members, primary care physicians, and early intervention programs. Parent Support and Education groups are offered at the beginning, advanced, and transition levels. A sibling camp is offered for the brothers and sisters of the children in GIANT Steps so they can better understand Autism, and their brother or sister who has Autism, and to learn skills in interacting with their siblings. Therapy is offered to children in the program who can benefit,

and also offered as a support to parents of children in the program. Case Management services are offered to children and their families so they can be linked with the appropriate community resources. Each child and their parents are given the opportunity to meet with a psychiatrist/APRN if medication management services are appropriate. The school nurse tracks and maintains vaccination records of the children enrolled in the program.

Past outcome research has shown that about 1/3 of all children involved in the GIANT Steps program improve enough to only require one hour or less of special education services per week after transitioning into school district placements. For children with mild to moderate symptoms who were able to attend GIANT Steps for two years, up to 60% of them required only one hour or less of special education services per week following their transition to kindergarten, etc. Approximately 1/3 of all children who attended GIANT Steps for two years improved enough to not require any additional special education services.

School Based Services (SBS) Youth Services - Program Managers, Bryant Jenks LMFT and Elizabeth Feil LCSW

School-based Services have been integrated into the three family clinics located in American Fork, Provo, and Payson. Office hours are Monday through Friday 8:00 a.m. until 6:00 p.m. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes. Contracts for 2 charter schools continued that were put in place last year to provide school based mental health care. A new full time contract position with Nebo School District was added in September 2020 and 2 part time contract positions were added in February 2021. A new Charter School contract will be added this year for Merit Academy. [We currently have contracts at Merit Academy, Reagan Academy and CS Lewis Academy, and Walden School of Liberal Arts\(charter schools\) to provide school-based mental health care. We have 3 contract positions \(2 of which are currently filled\) with the Nebo School District. We added 2 part-time contracts for therapists to provide a total of 40 hours at Noorda Medical school, effective August 2021. This contract will continue into next fiscal year. Two new therapists at the Payson Family Clinic will be spending most of their time in schools in Nebo District. One therapist at the Provo Family clinic sees clients in schools full time and another therapist meets with clients at schools half of his time. Case managers are also available to provide services to clients at school.](#)

The program is designed to intervene early in the course of mental illness to minimize the trauma to children and their families, while at the same time, treated in the least restrictive environment in an effort to improve quality of life. A psychiatrist for psychiatric evaluation and medication management may see children ages 3 to 18 years of age. Licensed therapists provide assessment, individual therapy, group therapy, and family therapy. School Based Services has experienced therapists who work with the broad band of disorders that occur in children and youth. School Based Services is a training site for social work interns. To obtain services through the School Based Services Onsite Program, the child/youth can be referred by school personnel, parents, or other interested parties. Therapists and case managers are assigned to specific low-income schools where they provide an array of mental health services to the child and his/her family. The On-site program is contract specific. This past year we were able to successfully be in over 90 different schools throughout the year and we anticipate continuing this broad reach due to the Early Intervention Funds provided by the legislature.

Provo Family Clinic, American Fork Family clinic, and the Payson Family Clinic – Program Managers, Elizabeth Feil LCSW and Bryant Jenks LMFT

Provides psychosocial rehabilitation on an individual and in group settings. The therapist and case manager will work with the individual to develop the emotional, social and/or intellectual skills needed to live, learn and work in the community with the least amount of professional support. When more

intense services are needed, the individuals are referred to the Stride Program for children 5 to 12. This is a partial day treatment program that teaches skills and behavior management. There are Stride programs available in Provo, Payson, and American Fork. During the summer months for eight-ten weeks, these are expanded to have longer hours and do more day treatment.

New Vista Youth Services – Program Manager, Justin Yearsley LCSW

New Vista is a day treatment program for Youth who have experienced severe trauma and need more intense supervision and treatment ages 9 to 18. The program is located on the Parkview Campus of WBH in Provo, UT. The program runs year round, following the school calendar, 6:00 a.m. until 5:30 p.m., Monday through Friday. The goal of New Vista is two-fold: 1.to help youth who have been adjudicated in Juvenile Court and ordered to complete a NOJOS level one (psychosexual education); level two (outpatient individual, family and group therapy); and level three (day treatment supervision, school services, and level one and two services). Most of the youth flow between NOJOS Levels 2-4. To help youth who have experienced severe trauma work through their issues in a trauma informed treatment milieu.

Stride Youth Partial Day Treatment Services – Program Manager, Amanda Stanfield LCSW

The Stride program is designed to assist children 5 -12 years of age who demonstrate behavioral problems or social interaction deficiencies due to mental illness and that meet seriously emotional disorder criteria. The program has 4 classrooms. 2 are located in the “Provo Family Clinic” located at 1165 E. 300 N., Provo, UT. One at Forbes Elementary School in American Fork and one at the Payson Family Clinic. The purpose of the program is to provide a positive environment where children can feel accepted, confident, and successful while at the same time gain functional behavioral and social strategies in areas such as anger management, compliance, honesty and getting along with others. September through May, the program hours are from 3:00 p.m. until 5:30 p.m., Monday through Friday, except holidays. June through August, the program hours are from 10:00 a.m. until 3:00 p.m., Monday through Thursday, except holidays. The program is designed to be 12 weeks long for each client. Stride is an open program meaning that children enter and graduate from the program at different times.

Treatment Approaches: The Stride Partial Day Treatment program is designed to treat children in the least restrictive environment. Decisions are based on behavioral principles, emphasizing social appropriateness. The program is directed at helping children generalize these concepts to everyday interactions including home and school. Services consist of direct instruction, role-playing, real time social interaction and focused task assignments to provide each child with a real opportunity to practice and work toward their individual behavioral and/or social goals. During program hours the children receive a snack, they have time to work on schoolwork, and a lesson is also provided on specific social interaction topics. Social and academic behaviors are monitored with a daily home and school note. This enables the school and parents to be involved in the program. Family therapy and parent groups are also offered. Parent groups focus on improving parenting strategies and are held once every other week in Provo, American Fork, and Payson. Parents are encouraged to transport their children. When this is not possible, the program provides transportation. Local drop off and pick-up points are identified to allow parents easier access to the Stride transportation vehicles.

XCEL Youth Partial Day Treatment Services – Program Manager, Amanda Stanfield LCSW

The XCEL program is designed to serve youth ages 12-18 who are experiencing serious challenges in their lives due to mental health issues. The XCEL classroom is located in the Provo Family Clinic. The purpose of the program is to provide coping strategies for adolescents with mental health disorders and other comorbid disorders such as autism spectrum disorder, teens with behavior problems, delays in social, emotional, and daily living abilities. During the school year groups are held two days a week. Groups are scheduled on an A/B track system with A groups meeting on Monday and Wednesday and B groups meeting on Tuesday and Thursday. An invitational third day of group is held on Friday for

those children who would most benefit from this additional day of service. The school year schedule is 3:00 p.m. to 5:30 p.m. During the summer (June-August) the A/B track system remains the same, however, groups meet from 10:00 AM to 3:00 PM. There is no Friday group during the summer season.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Most clients are identified as needing Psychosocial Rehabilitation services by their therapists and case managers who are assessing their client's needs.

Clients for STRIDE and XCEL are referred by their PSC or Primary Service Coordinator/ Therapist. Clients are identified from outpatient clinics as well from local schools through our School Based Services. Once the referral form is screened by the treatment team, then the client is "on-boarded" or screened out and referred to other more appropriate services. The effectiveness of the services are measured through daily review of the clients behaviors through their home note, regular administration of the YOQ, as well as intentional communication and engagement with the parents and school teachers. If the child and family needs extra support, then in-home services can be provided.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WBH is working on increasing the client count. This may all change if COVID sees another surge and we have to limit or shut down programs.
This will also depend on WBH's ability to hire staff to fill positions.

Describe any significant programmatic changes from the previous year.

None.

13) Adult Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$8,855,339	Form A1 - FY23 Projected clients Served:	3,427
Form A1 - Amount budgeted in FY22 Area Plan	\$9,045,240	Form A1 - Projected Clients Served in FY22 Area Plan	3,200
Form A1 - Actual FY21 Expenditures Reported by Locals	\$10,281,693	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	3,494

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.

Adult Case Management services are located in the various clinics throughout the WBH continuum of care including the Westpark Family Clinic, Intensive Residential Treatment, Payson Family Clinic,

Provo Family Clinic, American Fork Family Clinic, and Skills Development Services. Service hours are 8:00 a.m. until 5:00 p.m., Monday - Friday. The purpose of Case Management is to assist individuals with serious mental illness to optimize their adjustment in the community. Case managers provide continuity of care for the client in the mental health system and address not only the manifest symptoms of the illness, but may also address psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, integrated health care, education, employment, and other activities. Case Managers provide assistance for consumers by coordinating services with other agencies, follow-up regarding compliance with the WBH recovery plan, and/or advocacy assistance. Case management is usually done in the community as opposed to an office type setting and may be done in the client's home, place of employment, shelter, on the streets, or in residential settings. The frequency of contact between the case manager and the client is typically higher than the frequency of contact in a customary outpatient setting dependent on acuity of need. Case managers are given some latitude and flexibility in managing their schedules and may work after hours to meet client needs.

Westpark Family Clinic provides comprehensive mental health services to clients. This means that our clients are typically those who suffer from mental illness and live in the community independently, yet, and require a variety of case management support to remain independent.

WBH has partnered with Mountainlands Health Center (FQHC) for the Integrated Care Grant (U-PIPBHC). The case managers from across the center work with Mountainlands Health Center to coordinate care for the client's medical needs. In addition, WBH and Mountainlands Health Center have received an integrated Health Care Grant from the federal government. A nurse, two case managers, a therapist, and community care coordinator have been hired to carry out this grant. All case managers work collaboratively with the Integrated health Care team to ensure their clients get the best medical and mental health care possible. This also includes assisting clients to get the typical health screenings appropriate for their age and family medical history. To date we have served approximately 211 clients on the Integrated health care Grant and are currently serving 86. Case management in Supported Housing Services is provided much the same as services in WFC. They do provide a more intensive approach as we work with them in their apartment, to help them maintain their housing better. They treat clients with a little higher acuity, who may need more intensive case management provided to them on a more frequent basis.

Human Service Workers act as Representative Payees to work with clients to budget their money on a monthly basis, pay bills on the client's behalf and partner with them to become more independent in the management of their funds. The goal is to assist clients in becoming responsible enough with their money that they are able to become their own payee or reduce their reliance on the WBH payee system to the extent possible.

Bridge Team— Program Manager Dave Blume LCSW

WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of "a hospital without walls" consists of 4 case managers, a part time prescriber, 1.5 therapists, a part time Peer Support Specialist, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Case management services include payee services, IPS, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly. CHR/PREP has a full trained and certified IPS Case Manager. Clients (both adults and transition aged youth) in this program have access to IPS or Independent Placement and Supportive Education and Employment support. IPS supports clients in seeking and maintaining meaningful part-time or full time employment.

Each case manager is a licensed Social Service Worker or has met the requirements to be such or is working towards their SSW license. WBH only hires employees with the ability to be licensed as an SSW.

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

Eligibility is determined through assessment of the needs of clients. A regular review process is done to determine their effectiveness. Case management services are available to any family with Medicaid insurance for who qualifies. WBH utilizes the Daily Living Activities (DLA-20) questionnaire to measure a client's overall level of functioning. Based on the results of the DLA, we tailor case management services for the client that are needed to help them be linked to community resources and help with a variety of areas of functioning including health, legal issues, housing, medical issues, coping skills, etc. Progress on the DLA instrument is regularly assessed and monitored—score increases mean there has been improvement in that person's level of function and vice versa. Individual item score changes, as well as global DLA score changes are monitored.

Eligibility is determined through assessment of the needs of clients. A regular review process is done to determine their effectiveness

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

14) Children/Youth Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$1,728,330	Form A1 - FY23 Projected clients Served:	1,623
Form A1 - Amount budgeted in FY22 Area Plan	\$1,765,394	Form A1 - Projected Clients Served in FY22 Area Plan	1,515
Form A1 - Actual FY21 Expenditures Reported by Locals	\$2,006,717	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	1,534

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.

Youth Case Management (YCM) – Program Managers, Elizabeth Feil LCSW, Michael King LCSW, Amanda Stansfield LCSW, Laura Oaks LCSW, Justin Yearsley LCSW, Janene Candalot CMHC, and Bryant Jenks LMFT.

Each department has established its own referral criteria for Youth Case Management Services. Youth Case Management staff are distributed across the following departments: Payson Family Clinic, Provo Family Clinic, American Fork Family Clinic, Westpark Family Clinic, Stride, XCEL, CY-FAST, Vantage Point, Aspire, Grandfamilies, and GIANT Steps. The goal of youth case management services is to

work with parents and other community services providers to develop a plan that builds on the child's strengths and skills while assisting them with their mental health needs. The primary function of Youth Case Managers is the coordinating, assessing, linking, and monitoring of services and progress with Alpine, Nebo, and Provo school districts, outside agencies, and service providers. Case managers provide services in a child's home, at school, in a clinical setting, or in the community. Case managers provide case management transition services for children who have been released from the Utah State Hospital. Services include assessment, case planning, coordination, and assistance in daily living. Youth Case Managers are generally involved with (SED) youth. Our CYFAST team also provides case management for families on a crisis basis for those involved with crisis situations. Each case manager is a licensed Social Service Worker or has met the requirements to be such or is working towards their SSW license. WBH only hires employees with the ability to be licensed as an SSW.

Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?

Case management services are available to any family with Medicaid insurance for who qualifies. WBH utilizes the Daily Living Activities (DLA-20) questionnaire to measure a client's overall level of functioning. Based on the results of the DLA, we tailor case management services for the client that are needed to help them be linked to community resources and help with a variety of areas of functioning including health, legal issues, housing, medical issues, coping skills, etc. Progress on the DLA instrument is regularly assessed and monitored—score increases mean there has been improvement in that person's level of function and vice versa. Individual item score changes, as well as global DLA score changes are monitored.

Eligibility is determined through assessment of the needs of clients. A regular review process is done to determine their effectiveness.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None.

15) Adult Community Supports (housing services)

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$936,938	Form A1 - FY23 Projected clients Served:	84
Form A1 - Amount budgeted in FY22 Area Plan	\$958,375	Form A1 - Projected Clients Served in FY22 Area Plan	93
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,942,893	Form A1 - Actual FY21 Clients Served as Reported by Locals	84

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Bridge Team– Program Manager Dave Blume LCSW

WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, a part time Peer Support Specialist, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Case management services include IPS, payee services, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly

Mental Health Court– Program Manager, Dean Anderson LCSW

The Mental Health Court has been in operation in Utah County since 2004. The goal of Mental Health Court is to assist and engage participants in mental health treatment so that they are less likely to engage in criminal behaviors. Following a mental health screening for appropriateness, the mental health court offers a plea in abeyance agreement for clients charged with misdemeanors and some non-violent felony offenses. A second option for those who are not eligible for a plea in abeyance is a probation agreement wherein if they complete Mental Health Court Successfully they can have their probation terminated. Two case managers and two therapists’ track and report treatment progress to the courts on a weekly basis. There has been a great deal of community support for the mental health court and dedication on the parts of those agencies and organizations that are working to make the mental health court successful. There are three Mental Health Courts In Utah County. Judge James Brady presides at the 4th District Mental Health Court which holds Court every Monday afternoon. This Court serves approximately 20-40 participants at any given time.

Judge Rick Romney of the Provo City Justice Court serves adults charged with misdemeanor B and C offenses. This Court is held every Thursday afternoon and often has 5 to 12 clients participating at any one time.

Judge Reed Parkin of the Orem City Justice Court serves adults charged with misdemeanor B and C offenses. This Court meets on Wednesdays and serves 2 to 6 clients at any one time.

Given that the nature of the offenses are often less serious than those in the District Mental Health Court program, the Justice Mental Health Courts follows a modified version of the model described above that allows for accelerated advancement based on adherence to the terms of the court. The Orem Justice Court is loosely based on a mental health court model, but is more appropriately described as a branch of an intensive supervision calendar.

Supported Residential Treatment – Program Manager, Dave Blume LCSW

Supported Residential Services consists of several levels of supervision within a 32-bed apartment complex located in Payson, Utah. All of these apartments are shared housing. It is owned and operated by WBH. Housing services includes: house parents, case managers, daily pillboxes, skills development and supported independent living.

Supported Residential Treatment is a continuation of Intensive Residential Treatment (IRT) and other programs to provide and practice daily living skills, self-care, and symptom management.

WBH continues to provide case management services for the Sunrise Housing apartments through the housing authority.

As a treatment team we try to focus on the recovery goals of each individual and what they choose to work on throughout their course of treatment. We believe recovery is a process and our residents are able to set goals, work towards them and modify them as they have their ups and downs in their progress. As a treatment team we work to provide the proper amount of services needed at the right time for intervention. The goal is to have the client move towards a lower level of acuity of services and more independence as they progress towards their recovery.

The following residential facilities provide non-treatment or quasi-treatment living for Wasatch Behavioral Health (WBH) clients:

Alpine House: Alpine House is a Utah County, United Way agency that provides a non-treatment, 18-bed, home-style facility with house parents, bedrooms and family meals for WBH clients. The

24-hour house parents are United Way employees. WBH provides clients up to daily pillboxes and case management. Clients attend Skills Development services to develop work, social and daily living skills.

Independent Living*

Independent Living consists of four non-treatment housing complexes. 1) Maplevue Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by WBH, 3) Yarrow Apartments, a 18-bed apartment complex managed by Utah County Housing, and 4) Provo duplex (4-beds managed by Provo City Housing). Each of these apartment complexes has case managers assigned to monitor and tend to the client's needs such as money management, connecting with community resources, and general mental health care. Clients are encouraged to participate in Skills Development Services. Referrals for admission to residential care services come from various sources such as Inpatient facilities, the Utah State Hospital, crisis workers, sister agencies within the community and other departments within WBH. We coordinate with Alpine House, Utah County Substance Abuse, Provo City Housing Utah County Housing and various other agencies in providing individualized treatment for each resident.

Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing? [Technical assistance is available through Pete Caldwell: pgcaldwell@utah.gov](mailto:pgcaldwell@utah.gov)

We use the Daily Living Assessment (DLA) to help us assess a client's acuity and functional ability to live independently in the community. Our housing continuum is structured from higher acuity/need to lower and from the DLA or other assessments from the doctors, therapists or case managers, we offer supported housing using those tools to meet their needs. Progress is evaluated regularly to determine if the client should be moved to a higher or lower level of care.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

Nonr

16) Children/Youth Community Supports (respite services)

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$1,491,818	Form A1 - FY23 Projected clients Served:	601
Form A1 - Amount budgeted in FY22 Area Plan	\$1,525,951	Form A1 - Projected Clients Served in FY22 Area Plan	667
Form A1 - Actual FY21 Expenditures Reported by Locals	\$3,093,528	Form A1 - Actual FY21 Clients Served as Reported by Locals	588

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care.

Respite Services Janene Candalot CMHC, Amanda Stansfield LCSW, Michael King LCSW, and Justin Yearsley LCSW

Respite is for the primary purpose of assisting in the rehabilitation of children with serious emotional disorders (SED). This rehabilitative service helps the SED client achieve his/her remedial or rehabilitative treatment goals by giving the parents/family respite from the challenges of caring for a mentally ill child. Without respite, parents may be at risk for neglect or abuse of the child, particularly if they suffer from a mental illness themselves. Respite care is provided for the primary purpose of giving parent(s) temporary relief from the stresses of caregiving to a mentally ill child so that they are better able to interact in appropriate ways that are not counter-therapeutic to the child's achievement of his/her remedial and/or rehabilitative goals. During the provision of this service staff has a therapeutic focus with the child. Therefore, this service is provided in tandem with the child's other mental health treatment services and also assists the child to achieve his/her rehabilitative goals and to be restored to his/her best possible functioning level. Respite services occur across many programs at WBH including Vantage Point, CY-FAST, New Vista, Stride, GIANT Steps and Case Management. These services are provided by HSWs, SSWs, nurses, case managers and other trained professionals.

In Home Services

WBH therapists, case managers and human services workers provide in-home services that include crisis intervention, family therapy, psychosocial rehabilitation, behavior management and medication management services. We believe that it is important to provide services to children in their natural environments. In crisis situations or crisis follow-up, the Mobile Crisis Team or CY-FAST often provides in-home services.

Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?

Eligibility is determined by the grant details, clinical appropriateness for the service and staff having availability to provide the respite activities and time needed. Effectiveness is measured by client attendance, engagement and qualitative report from child and parents.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WBH believes that the client count of 601 is more realistic than the 667 projected for FY22 with COVID.

Describe any significant programmatic changes from the previous year.

None.

17) Adult Peer Support Services

Heather Rydalch

Form A1 - FY23 Amount Budgeted:	\$176,137	Form A1 - FY23 Projected clients Served:	178
Form A1 - Amount budgeted in FY22 Area Plan	\$180,804	Form A1 - Projected Clients Served in FY22 Area Plan	171
Form A1 - Actual FY21	\$172,405	Form A1 - Actual FY21	206

Expenditures Reported by Locals		Clients Serviced as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>Adult Peer Support Services - Program Managers, Kip Landon LCSW, Dave Blume LCSW, Dean Anderson LCSW, Monte Memmott CMHC, and Sue Leavitt LCSW</p> <p>WBH currently has ten full time and one part time Peer Support Specialists working to target adult populations.</p> <p>WBH also created a Peer Support Specialist on-call pool, where Peer Supports in the agency can pick up extra shifts and rotate working with the after-hours MCOT team. WBH believes in Recovery Oriented Care. WBH supports Peer Support Specialists (PSS) who work to build alliances, instill hope, and demonstrate that recovery is possible. Peer Support services are being provided in most of our various outpatient services residential services. There are services provided by Peer Support Specialists (PSS), which are unique to other services already provided within WBH. WBH recognizes the unique role a Peer Support Specialist provides to a treatment team, and WBH is committed to keeping a model of fidelity to the role and use of Peer Support Services.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).			
None			
Describe any significant programmatic changes from the previous year.			
None			

18) **Family Peer Support Services**

Tracy Johnson

Form A1 - FY23 Amount Budgeted:	\$65,107	Form A1 - FY23 Projected clients Served:	52
Form A1 - Amount budgeted in FY22 Area Plan	\$66,833	Form A1 - Projected Clients Served in FY22 Area Plan	49
Form A1 - Actual FY21 Expenditures Reported by Locals	\$63,728	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	66
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. <i>Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.</i>			
<p>Children/Youth Peer Support Services are now hired in house and no longer contracted out with Allies for Families. Our family/youth peer support providers act as advocates for families and their children. The FRF name is no longer used and we simply refer to these employees as "peer supports." They are trained through entities the division has contracted with to provide this, however we are exploring becoming our own approved trainers for wrap around/peer support work. Peer supports will</p>			

provide Wraparound to fidelity and execute Wraparound Plans on a weekly basis. The Peer Support does Strengths, Needs, and Cultural Assessment to ascertain what the family needs are in order to successfully access treatment.

Our peer support employees provide Peer Support Services, Wraparound to fidelity, Strengths, Needs, and Cultural Assessments in a variety of locations throughout WBH, Community, DCFS, families home, and etc..

Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?

This is determined by the therapist, family members, case manager and the needs of the family

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

19) Adult Consultation & Education Services

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$46,199	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$47,376	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$47,506	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

C&E services are offered in a variety of forms and contexts. Some C&E services provided by staff are to general community groups interested in learning more about mental illness, or some facet of mental illness. C&E may be provided to a client's family members when appropriate to assist them in better understanding their loved one's illness, to help them to develop coping skills, understanding medications, sharing treatment goals, etc.

Wasatch House members, for instance, present regularly to business organizations and in the schools on the myths associated with mental illness. Their goal, through this important information sharing, is to eliminate the Community's misperceptions of the mentally ill and the associated stigma that results from it. WBH administrators and program managers provide consultation services to other agency leaders and providers with the intent to better coordinate treatment services between the two agencies. C&E frequently occurs with non-clients seeking emergency services or a referral. In conjunction with this, there is frequent contact with local law enforcement and/or area hospitals. Clinical providers making and accepting referrals and collaborating on clients that are

shared by other agencies is a frequent and ongoing type of service.

WBH provides consultation and education services to the following agencies, organizations, and groups : The 15 law enforcement agencies in Utah County, including Utah County Sheriff's Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children's Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Hope4Utah, Nebo School District and schools, Provo School District and schools, Provo School District "Hope for Tomorrow" suicide prevention program, Alpine School District and schools, Division of Work Force Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Department of Substance Abuse, Community Action, Food and Care Coalition, Fourth District Juvenile Court, DCFS 24-hour staffing, Provo Early Education Program (HeadStart), Kids on the Move, Kids who Count, Social Security, Medicaid, Partners for Infants and Children (PIC), Autism Council of Utah, Utah Association for Infant Mental Health (UAIMH) , East Shore Alternative High School (Provo), BYU Department of Social Work, BYU Department of Marriage, and Family Therapy (MFT), BYU Department of Marriage, Family, and Human Development (MFHD), Utah County Jail Medical Services Unit, Fourth District Mental Health Court and National Alliance on Mental Illness (NAMI), and Utah Valley Hospital..

WBH provides C&E services to all Utah County groups, organizations, and agencies based on financial capacity and staff time availability. Those in crises, partner agencies, and families are given first priority. The following represent some types of C&E services provided:

Food and Care Coalition - Mental health therapists from the WATCH program consult with the staff from the Food and Care Coalition regarding clients they feel are in need of psychiatric services.

HOPE Task Force Suicide Prevention Board and task force

Mental Health Awareness Night

Provo Police Department Citizens Academy – mental health and crisis intervention

Utah Department of Health – crisis response to disaster training and debriefing

Orem Police Department – critical incident stress debriefing to spouses and significant other

Children's Justice Center

South Franklin Community Center

Parent Education on Mental Health at Westlake HS

Mental Health Awareness at UVU School of Dental Hygiene

Presentation by Dean Anderson, LCSW on Provo Channel 17

Mental Health training at Landmark Alternative High School

Presentation at IHC Advisory Council

Mental Health Booth at Payson City Golf tournament

Mental Health training at Rockwell Charter School

Presentation for the Utah County Prosecuting Attorneys

Video presentation on mental health resources at Latino Research Fair

Division of Services for People with Disabilities (DSPD) -WBH regularly meets with the staff from the local DSPD office to provide consultation. A DSPD staff member regularly attends the WBH Adult Services Coordinating Meeting in a collaborative effort to provide appropriate services for DSPD MI clients.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

20) Children/Youth Consultation & Education Services

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$46,198	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$47,376	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$47,505	Form A1 - Actual FY21 Clients Served as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

C&E services are offered in a variety of forms and contexts. Some C&E services provided by staff are to general community groups interested in learning more about mental illness, or some facet of mental illness. C&E may be provided to a client's family members when appropriate to assist them in better understanding their loved one's illness, to help them to develop coping skills, understanding medications, sharing treatment goals, etc.

Wasatch House members, for instance, present regularly to business organizations and in the schools on the myths associated with mental illness. Their goal, through this important information sharing, is to eliminate the Community's misperceptions of the mentally ill and the associated stigma that results from it. WBH administrators and program managers provide consultation services to other agency leaders and providers with the intent to better coordinate treatment services between the two agencies. C&E frequently occurs with non-clients seeking emergency services or a referral. In conjunction with this, there is frequent contact with local law enforcement and/or area hospitals. Clinical providers making and accepting referrals and collaborating on clients that are shared by other agencies is a frequent and ongoing type of service.

WBH provides consultation and education services to the following agencies, organizations, and groups : The 15 law enforcement agencies in Utah County, including Utah County Sheriff's Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children's Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Hope4Utah, Nebo School District and schools, Provo School District and schools, Provo School District "Hope for Tomorrow" suicide prevention program, Alpine School District and schools, Division of Workforce Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Department of Substance Abuse, Community Action, Food and Care Coalition, Fourth District Juvenile Court, DCFS 24-hour staffing, Provo Early Education Program (HeadStart), Kids on the Move, Kids who Count, Social Security, Medicaid, Partners for Infants and Children (PIC), Autism Council of Utah, Utah Association for Infant Mental Health (UAIMH) , East Shore Alternative High School (Provo), BYU Department of Social Work, BYU Department of Marriage, and Family Therapy (MFT), BYU Department of Marriage, Family, and Human Development (MFHD), Utah County Jail Medical Services Unit, Fourth District Mental Health Court and National Alliance on Mental Illness (NAMI).

WBH provides C&E services to all Utah County groups, organizations, and agencies based on financial capacity and staff time availability. Those in crises, partner agencies, and families are given first priority. The following represent some types of C&E services provided:

Food and Care Coalition - Mental health therapists from the WATCH program consult with the staff from the Food and Care Coalition regarding clients they feel are in need of psychiatric services.

HOPE Task Force Suicide Prevention Walk and Conference

Mental Health Awareness Night at BYU

Provo Police Department Citizens Academy – mental health and crisis intervention

Utah Department of Health – crisis response to disaster training and debriefing

Orem Police Department – critical incident stress debriefing to spouses and significant other

Children's Justice Center

South Franklin Community Center

Parent Education on Mental Health at Westlake HS

Mental Health Awareness at UVU School of Dental Hygiene

Presentation by Dean Anderson, LCSW on Provo Channel 17

Mental Health training at Landmark Alternative High School

Presentation at IHC Advisory Council

Mental Health Booth at Payson City Golf tournament

Mental Health training at Rockwell Charter School

Presentation for the Utah County Prosecuting Attorneys

Video presentation on mental health resources at Latino Research Fair

Division of Services for People with Disabilities (DSPD) – WBH regularly meets with the staff from the local DSPD office to provide consultation. A DSPD staff member regularly attends the WBH Adult Services Coordinating Meeting in a collaborative effort to provide appropriate services for DSPD MI clients.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Nonre

Describe any significant programmatic changes from the previous year.

None

21) Services to Incarcerated Persons

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$353,456	Form A1 - FY23 Projected clients Served:	1,450
Form A1 - Amount budgeted in FY22 Area Plan	\$357,234	Form A1 - Projected Clients Served in FY22 Area Plan	1,900
Form A1 - Actual FY21 Expenditures Reported by Locals	\$332,674	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	1,345

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

Program Manager Monte Memmott CMHC

Adults

Utah County

The goal of the Utah County jail's mental health service delivery system is to ensure mentally ill inmate's psychiatric stability while incarcerated, and to prevent deterioration that might lead to harming self or others. Quality mental health services in the jail, prevents deterioration of the mentally ill inmate and reduces the potential for more intensive and restrictive forms of treatment including hospitalization, isolation, and/or seclusion. WBH provides the jail with one psychiatric prescriber who conducts an 8 hour mental health clinic each week. There is also a psychiatric prescriber available on-call for emergencies. WBH provides the jail with five part time licensed mental health therapists who assist in crisis evaluation, treatment coordination and discharge planning for continuity of care post-incarceration. When a known WBH client is incarcerated, WBH nursing staff forwards the client's current medications to the jail nurse. Both organizations' nursing services maintain contact throughout the client's incarceration to ensure continuity of care and maintenance of medication support upon release.

We continue to utilize the UVU BSW internship which was established through a cooperative agreement with the University, WBH and the Utah County Jail to provide discharge planning for inmates. This fills a gap that exists in our community contributing to inmate recidivism. For several years now, UVU has offered two interns for Fall and Spring semesters. In 2020, UVU has offered

additional interns for the Summer semester as well, which will give the jail and WBH interns year around. With the infusion of JRI funds to our agency this past 5 years, WBH funded 3 FT case managers who work in concert with the jail interns and clinicians to provide discharge planning while in the jail and important case management services to inmates once they are released from jail. With the advent of Medicaid expansion, JRI funds will likely be reduced. We anticipate our billing of FFS Medicaid for our services may help offset these losses.

Children/Youth

WBH Youth Services sends therapists to the Slate Canyon Juvenile Detention Center when the youth is a current client and is in need of treatment and/or when JJS makes a request for treatment services.

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

During the booking process, there are specific questions asked by the jail staff that ask if the inmate is a WBH client, if they are prescribed psychotropic medications, or if they have a history of either mental health symptoms or treatment. If these questions are answered, then those inmates are automatically referred to a WBH staff member who works within the jail for an assessment.

WBH has staff therapists and prescribers in the jail. They consult with jail nursing staff and jail personnel as requested. If the inmate is a client of WBH then the WBH staff has access to the WBH records for the inmate to make sure medications are continued and provided to the jail nursing staff. This is just one part of a continuum that we review and measure. We connect them to our JTP folks to help make the transition from jail to outpatient treatment. So effectiveness needs to be reviewed by looking at the continuum not just a piece of it.

Describe the process used to engage clients who are transitioning out of incarceration.

Once a JTP client, or prospective JTP client is identified, a JTP social worker or case manager will follow up with the individual while they remain in jail and then plans will be made for treatment to continue at the JTP program located at Food and Care Coalition. In some cases, JTP staff may assist individuals with transportation from jail to JTP outpatient services. Additional discharge planning occurs with the UVU interns who work in conjunction with JTP staff at the Utah County Jail.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

This number is generated by the jail and since they have limited the number of inmates into the jail this past few years with COVID our number is lower. The actual number will come from the jail.

Describe any significant programmatic changes from the previous year.

None

22) Adult Outplacement

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$354,865	Form A1 - FY23 Projected clients Served:	30
Form A1 - Amount budgeted in FY22 Area Plan	\$362,907	Form A1 - Projected Clients Served in FY22 Area Plan	30

Form A1 - Actual FY21 Expenditures Reported by Locals	\$365,563	Form A1 - Actual FY21 Clients Served as Reported by Locals	30
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>WBH use the Adult outplacement funds in many ways to keep clients out of the Utah State Hospital (USH):</p> <ol style="list-style-type: none"> 1. Provides a trial visit from the USH to WBH's Wasatch House (Clubhouse), and IRT to make sure the client has a smooth transition into the community after being in the USH. 2. Provides an array of services when clients aren't covered by Medicaid or other payers to create a smooth transition to the community, for example individual therapy, group therapy, skills development, nursing services, and psychopharmacology. 3. We also contract with a cleaning company to help a client(s) keep his/her apartment clean in order to keep and maintain housing in the community at the least restrictive level of care. 4. WBH will wrap services around clients who are court committed and need the placement of the USH without intensive services in place to keep them in the community through our Bridge Team and intensive Case Management Services. 5. These funds allow non-Medicaid covered services at IRT that allow clients to transition out of the USH or to keep them out of acute care inpatient psychiatric units and also out of USH 			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
None			
Describe any significant programmatic changes from the previous year.			
None			

23) Children/Youth Outplacement

Codie Thurgood

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>There is no budgeted amount because it is a fee for service reimbursement thus used as needed to keep children and youth out of the USH and in the community or to move them out of the USH in an appropriate time to eliminate barriers in this process. This category isn't on the Form A budget form.</p>			

Children/Youth Outplacement Funds

The purpose of the Children's Outplacement Fund is to develop creative strategies and helps that will assist children, youth and their families succeed in their individual communities. Although most of these funds are targeted to those children and youth being discharged from the USH, a small amount (5%) has been designated for creative diversion planning. These funds may not be used for services that are reimbursable by Medicaid or another funding source. Services are provided for 1) youth transitioning out of the Utah State Hospital and 2) Youth at risk of being admitted into the Utah State Hospital.

Describe any significant programmatic changes from the previous year.

None

24) Unfunded Adult Clients

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$225,000	Form A1 - FY23 Projected clients Served:	300
Form A1 - Amount budgeted in FY22 Area Plan	\$225,00	Form A1 - Projected Clients Served in FY22 Area Plan	300
Form A1 - Actual FY21 Expenditures Reported by Locals	\$225,000	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	300

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

WBH has what is called an Exception Committee that reviews all unfunded (subsidized) clients to determine what services are medically and clinically needed to hold clinicians accountable and to stretch our limited funding. This committee reviews what funding/grant/donation is the most appropriate for the client. This committee also enables WBH to track and make sure clients without funding are applying for Medicaid Expansion, Traditional Medicaid, and Social Security Disability. The chair of this committee then follows up with individual case managers, therapists, and program managers to ensure that appropriate steps are being taken to help unfunded clients obtain more stable long-term funding.

For all outpatient family clinics, we are applying for the Primary Care Grant to be used for those needing services who are unfunded and whose income is in the category of 101% to 200% of poverty. Short-term services will be offered like individual therapy, medication management, case management. Clients are assisted in applying for more long term benefits and resources in the community for ongoing treatment. We also apply for the Unfunded State Appropriations (USA) grant. This grant can be used to fund the treatment needs of unfunded or underfunded clients who are adults (as well as families in some cases) who need outpatient services. The behavioral Health Network Crisis Grant also known as IHC Donation is a grant provided by partners with Intermountain Healthcare. This Grant allows WBH to provide crisis mental health treatment to unfunded clients who have recently placed under an involuntary civil commitment, and do not qualify for other forms of funding. The goal is to continue the outpatient work with these client's so that recidivism and bounce back admissions are prevented where possible. The involuntary civil commitment is an unfunded state mandate, this funding allows vital services to those leaving the most intensive form of mental health treatment, so that they can maintain functional living in the community until they are linked to other forms of insurance, Medicaid, and other

resources.

MCOT Grant Funding allows for the MCOT team to treat and intervene with anyone experiencing a mental health crisis, regardless of funding. MCOT grant funding allows for the immediate intervention, assessment and basic follow up after the crisis mental health event. This grant allows for much improved streamlining of mental health services to those in mental health crisis. This can also be extended to assist the family and provide natural supports to the person in crisis. Services such as case management, brief individual therapy, and peer support services.

Prevention and Recovery for Early Psychosis (PREP) Team Program Manager, Dave Blume LCSW
We currently serve youth between the ages of 14-24 with a 2 year commitment. Services include, individual therapy, family therapy, multi-family group, medication management, targeted case management, and family resource facilitation and peer support services regardless of funding. There is a contract for unfunded clients.

Clinical High Risk (CHR) Program Manager, Dave Blume LCSW

Young people and their families will receive specialized support and monitoring during this critical time regardless of funding.

Describe agency efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.

WBH employs case managers who can assist unfunded clients as Medicaid Eligibility assistants. All throughout the WBH agency, the initiative is to explore what resources unfunded clients can access, if WBH assisted in linking them to those appropriate resources and services. There is a committee that meets periodically to discuss the needs and situations of all unfunded clients. In this committee several clinicians and administrators meet to discuss the individual needs and barriers for each client.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

25) Unfunded Children/Youth Clients

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$75,000	Form A1 - FY23 Projected clients Served:	100
Form A1 - Amount budgeted in FY22 Area Plan	\$75,000	Form A1 - Projected Clients Served in FY22 Area Plan	100
Form A1 - Actual FY21 Expenditures Reported by Locals	\$75,000	Form A1 - Actual FY21 Clients Served as Reported by Locals	100
Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Vantage Point Youth Services– Program Manager, Janene Candalot CMHC			

Vantage Point Youth Services provides outpatient services to youth and their families when there is no other funding source. These services may include individual, family and group therapy, case management, and psychosocial rehabilitation services.

There is some limited funding remaining for unfunded youth through the Utah State Appropriations fund and Primary Care grant. Unfunded youth and children will be served through the School Based contract or State Appropriations monies. Services such as individual and group therapy, case management, medication services and other specialized services will be available for a limited number of youth. They will be served in the regular WBH clinics dispersed throughout the agency.

For all outpatient family clinics, we are applying for the Primary Care Grant to be used for those needing services who are unfunded and whose income is in the category of 138% to 200% of poverty. We do not anticipate an increase of clients will be served due to this grant. Short-term services will be offered such as individual therapy, medication management, case management. Clients are assisted in applying for more long term benefits and resources in the community for ongoing treatment.

Describe agency efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.

Case Managers and Peer Support Specialists in the outpatient family clinics work to help the unfunded youth and families find coverage for their mental health needs.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

None

26) Other non-mandated Services

Form A1 - FY23 Amount Budgeted:	\$417,079	Form A1 - FY23 Projected clients Served:	737
Form A1 - Amount budgeted in FY22 Area Plan	\$341,966	Form A1 - Projected Clients Served in FY22 Area Plan	585
Form A1 - Actual FY21 Expenditures Reported by Locals	\$394,313	Form A1 - Actual FY21 Clients Served as Reported by Locals	737

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Mental Health Court– Program Manager, Dean Anderson LCSW
The Mental Health Court has been in operation in Utah County since 2004. The goal of Mental Health Court is to assist and engage participants in mental health treatment so that they are less likely to engage in criminal behaviors. Following a mental health screening for appropriateness, the mental health court offers a plea in abeyance agreement for clients charged with misdemeanors and some non-violent felony offenses. A second option for those who are not eligible for a plea in abeyance is a

probation agreement wherein if they complete Mental Health Court Successfully they can have their probation terminated. Two case managers and two therapists' track and report treatment progress to the courts on a weekly basis. There has been a great deal of community support for the mental health court and dedication on the parts of those agencies and organizations that are working to make the mental health court successful. There are three Mental Health Courts In Utah County. Judge James Brady presides at the 4th District Mental Health Court which holds Court every Monday afternoon. This Court serves approximately 20-40 participants at any given time.

Judge Rick Romney of the Provo City Justice Court serves adults charged with misdemeanor B and C offenses. This Court is held every Thursday afternoon and often has 5 to 12 clients participating at any one time.

Judge ReedParkin of the Orem City Justice Court serves adults charged with misdemeanor B and C offenses. This Court meets on Wednesdays and serves 2 to 6 clients at any one time.

Given that the nature of the offenses are often less serious than those in the District Mental Health Court program, the Justice Mental Health Courts follows a modified version of the model described above that allows for accelerated advancement based on adherence to the terms of the court. The Orem Justice Court is loosely based on a mental health court model, but is more appropriately described as a branch of an intensive supervision calendar.

Youth Behavioral Health Court—Program Manager, Elizabeth Feil LCSW

The Youth Behavioral Health Court (YBHC) started in conjunction with Youth Drug Court in June 2021. The two courts were separated shortly thereafter. This is a program for youth with criminal charges where mental health is a significant contributing factor. Judge Richard Smith presides over the YBHC. Participants are identified by their probation officer and then screened by a WBH therapist to determine if the youth meets the criteria to participate in this program. After adjudication, the youth attends YBHC hearings every other week to report to the judge, review progress, receive sanctions or commendations, etc. The YBHC team meets prior to the hearings. This court can serve up to 11 participants at a time.

PASRR– Program Manager, Dean Anderson LCSW

WBH contracts with the Utah State Division of Substance Abuse and Mental Health to provide PASRR evaluation services in Utah County, Nephi, Delta, Mount Pleasant, and Richfield, excluding the Utah State Hospital. WBH serves individuals in Utah County, Nephi, Delta, Mount Pleasant, and Richfield who require this level of pre-screening to be admitted into a Nursing Home. In the past year we have also provided an increasing number of PASRR services to clients and facilities in Salt Lake County. In addition, WBH provides IDRC PASRR Evaluations in many of those same counties.

Volunteer Services

During the FY 2021, volunteers contributed 239 hours of service in thirteen programs. These hours went down due to Covid and restricting staff and volunteers into our buildings and programs to reduce the spread of COVID

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The Youth Behavioral Health Court (YBHC) started in conjunction with Youth Drug Court in June 2021. The two courts were separated shortly thereafter. This is a program for youth with criminal charges

where mental health is a significant contributing factor. Judge Richard Smith presides over the YBHC. Participants are identified by their probation officer and then screened by a WBH therapist to determine if the youth meets the criteria to participate in this program. After adjudication, the youth attends YBHC hearings every other week to report to the judge, review progress, receive sanctions or commendations, etc. The YBHC team meets prior to the hearings. This court can serve up to 11 participants at a time

PASRR will increase as nursing homes relax the ability for staff to reenter and complete the PASRR and the nursing homes increase their numbers back to pre-pandemic numbers.

This will also depend on WBH's ability to hire staff to fill positions.

Describe any significant programmatic changes from the previous year.

The Youth Behavioral Health Court (YBHC) started in conjunction with Youth Drug Court in June 2021. The two courts were separated shortly thereafter. This is a program for youth with criminal charges where mental health is a significant contributing factor. Judge Richard Smith presides over the YBHC. Participants are identified by their probation officer and then screened by a WBH therapist to determine if the youth meets the criteria to participate in this program. After adjudication, the youth attends YBHC hearings every other week to report to the judge, review progress, receive sanctions or commendations, etc. The YBHC team meets prior to the hearings. This court can serve up to 11 participants at a time

27) First Episode Psychosis Services

Jessica Makin

Form A1 - FY23 Amount Budgeted:		Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	?	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals		Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

All FEP services are provided by internal staff.

Describe how clients are identified for FEP services. How is the effectiveness of the services measured?

It is a stepped care model and allows clients to be screened and then tracked during the first onset of psychotic symptoms as young as age 13. Clients will be monitored for the first onset of psychosis so that FEP services can be determined when to start. We use an initial screening tool that most clinicians can administer without training called the PRIME screener out of the Yale Medical school PRIME group. This will help to determine early signs of psychosis, if indicated that a Structured Interview for Psychosis is initiated by a (SIPS) trained clinician. Young people and their families will

receive specialized support and monitoring during this critical time.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

WBH hired a full time occupational therapist and a part time Peer Support Specialist to better provide assessments and appropriate interventions for our clients.

28) Client Employment

Sharon Cook

Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2

Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).

Wasatch House focuses on the following employment areas.

Transitional Employment— Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development Services staff provide on-the-job training, supervision and support. If the member misses work due to their mental illness, a staff member will work the position until the member returns.

Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage. Individual Placement and Support is an evidenced based model for Supported Employment. 2 Clubhouse staff are trained in this model and assist Clubhouse members in finding and maintaining permanent employment.

Independent Employment—Wasatch House staff assists members in obtaining permanent full-time or part-time employment. Staff assists members in job searches, filling out applications and with writing resumes. This usually takes place after the member has had experience with the Transitional/Supported Employment.

CHR/PREP Program Manager, Dave Blume LCSW

CHR/PREP has a full trained and certified IPS Case Manager. Clients (both adults and transition aged youth) in this program have access to IPS or Individual Placement and Supportive Employment support. IPS supports clients in seeking and maintaining meaningful part-time or full time employment..

The referral process for employment services and how clients who are referred to receive employment services are identified.

Any Wasatch Behavioral Health client referred to Wasatch House by their therapist for services at

Wasatch House is eligible for assistance in applying for employment. Wasatch House, an accredited program through Clubhouse International has multiple levels of employment including:

Transitional Employment, Supported Employment and Independent employment are the foundation employment programs required for our accreditation. Individual Placement and Support (IPS) are also offered at Wasatch House. Wasatch House has also partnered with Vocational Rehabilitation and provides training, education, and job coaching to Wasatch House members. Any member interested in these programs only needs to fill out an "I want to work" form located in the Career Unit of Wasatch House and staff members begin the process of assessing the employment needs of the client so that the client can be placed in the most appropriate employment program.

Collaborative employment efforts involving other community partners.

The Wasatch House (WH) focuses on the following employment areas.

Transitional Employment— Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development Services staff provide on-the-job training, supervision and support. If the member misses work due to their mental illness, a staff member will work the position until the member returns.

Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage. Wasatch House staff were trained in an evidence based model for employing individuals with disabilities in supported employment. The Individual Placement and Support (IPS) model is a well researched and validated program that dovetails with the Clubhouse mandate for supported employment.

Independent Employment—Wasatch House staff assists members in obtaining permanent full-time or part-time employment. Staff assists members in job searches, filling out applications and with writing resumes. This usually takes place after the member has had experience with the Transitional/Supported Employment.

First Episode Psychosis and assisting individuals with FEP find competitive employment and adding that the DSAMH Employment Specialist/Case Manager with FEP has participated in Supported Employment and IPS training. Wasatch House has recently become a Certified Rehabilitation Facility through Vocational Rehabilitation. This designation enables WH to bill Vocational Rehabilitation for various milestones achieved by members who obtain permanent employment.

Employment of people with lived experience as staff through the Local Authority or subcontractors.

WBH believes in Recovery Oriented Care. WBH supports Peer Support Specialists (PSS) who work to build alliances, instill hope, and demonstrate that recovery is possible. PSS services are being provided in Crisis Services, FAST (Family Assessment Stabilization Team), Bridge, the ROC (Recovery Outreach Center, Outpatient clinics, and Inpatient. There are services provided by Peer Support Services (PSS), which are unique to other services already provided within WBH.

WBH has been hiring Peer Support Specialists since the Utah Family Coalition went out of business to provide peer support services.

Evidence-Based Supported Employment.

WBH currently uses the Clubhouse evidence based model. We have had staff trained in the Individual Placement and Support (IPS) model and have integrated this model into the Clubhouse. WBH works with a variety of community partners i.e. Vocational Rehabilitation, Department of

Workforce Services, and other community employers to mention only a few.

The Wasatch House focuses on the following employment areas.

Transitional Employment— Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development Services staff provide on-the-job training, supervision and support. If the member misses work due to their mental illness, a staff member will work the position until the member returns.

Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage.

Wasatch House staff were trained in an evidence based model for employing individuals with disabilities in supported employment. The Individual Placement and Support (IPS) model is a well researched and validated program that dovetails with the Clubhouse mandate for supported employment.

Independent Employment—Wasatch House staff assists members in obtaining permanent full-time or part-time employment. Staff assists members in job searches, filling out applications and with writing resumes. This usually takes place after the member has had experience with the Transitional/Supported Employment.

First Episode Psychosis and assisting individuals with FEP find competitive employment and adding that the DSAMH Employment Specialist/Case Manager with FEP has participated in Supported Employment and IPS training.

29) Quality & Access Improvements

Identify process improvement activities:

Evidence Based Practices: In this section please describe the process you use to ensure fidelity to EBPs. Attach a list of EBPs in the attachment section.

WBH has trained staff in the following EBP's and Outcome Based Practices:

Trauma Focused Cognitive Behavioral Therapy

Trust Based Relationship Intervention (TBRI) (to Fidelity)

Grandfamilies

Life Skills Training

ACT

Brief Strategic Family Therapy,

Cognitive Behavioral Therapy for Adolescent Depression,

Family Behavior Therapy,

Pathways' Housing First

Exposure therapy for Posttraumatic Stress disorders,

Relapse Prevention Therapy,
SOS Signs of Suicide,
12 Step Facilitation Therapy
Nurturing Parenting Program
Dialectical Behavioral Therapy
Clubhouse [\(to Fidelity\)](#)
Motivational Interviewing
Medication Management [\(to Fidelity\)](#)
OQ/YOQ [\(to Fidelity\)](#)
Wraparound to Fidelity
Family Psychoeducation
Illness Self-Management and Recovery
Supported Employment
Supported Housing
Mobile Crisis [\(to Fidelity\)](#)
School Based [\(to Fidelity\)](#)
The Strengthening Families Program
TEACCH
Applied Behavior Analysis
PECS (Picture Exchange Communication Systems)
Kindermusik [\(to Fidelity\)](#)
Trauma Informed Care
Child Parent Relationships Intervention (English and Spanish groups)
Filial therapy
EMDR [\(to Fidelity\)](#)
MRT [\(to Fidelity\)](#)
Too Good For Drugs

Individual Placement and Support (IPS)

Youth and Adult Mental Health First Aid Instructor

During the course of the last few years, Wasatch Behavioral Health has been working to implement the use of outcome monitoring (utilizing the OQ family of instruments described below) as an evidence based practice. In order to be used most effectively, clinicians must do the following: 1) Administer the appropriate instrument to their clients, 2) monitor the results, 3) notice situations where clients are not responding to treatment or where clients are showing worsening scores during the course of treatment, 4) administer clinical support tools (CSTs) to clients that are not improving as would be expected in order to determine which factors are contributing to this lack of progress, 5) implement interventions designed to address these concerns, and 6) continue to monitor outcomes and complete additional iterations of this process as indicated. There is a well established body of evidence showing that, when clinicians follow this process as outlined, their clients have better outcomes. A recent meta-analysis showed that when clinicians had and used information from the OQ family of instruments in conjunction with the CSTs, their at-risk clients were much less likely to end treatment in a deteriorated state (6% versus 20.1%) and much more likely to end treatment in an improved or recovered state (53% versus 22.3%) than were the clients of clinicians that did not use these tools (Lambert, 2017).

Outcome Based Practices: Identify the metrics used by your agency to evaluate client outcomes and quality of care.

Based Practices WBH's Bridge team is an ACT like model to help assist those clients who meet and need that level of service. WBH's WATCH/JTP team is also an ACT like model targeted towards individuals experiencing chronic homelessness using Trauma Informed Care, Motivational Interviewing, and a Housing First model. WBH is involved in the Division of Occupational and Professional Licensing Board of Social Workers.

In an effort to improve clinical outcomes for its clients and especially to decrease the number of clients who deteriorate during their course of treatment, WBH has emphasized the use of the Y/OQ family of outcome measures (a term to refer to outcome measures including the OQ-45, YOQ, YOQ-SR, and SOQ) as evidence-based practices over the course of several years. While administration and utilization of these instruments has improved markedly over the last several years, utilization of Clinical Support Tools (CSTs), which are additional instruments designed to help clinicians intervene in cases of deterioration, had until recently remained low and mostly stagnant. The recent success of interventions used to increase Y/OQ utilization suggested that these interventions could be useful for increasing CST utilization in a similar way. Efforts to increase appropriate CST utilization have been successful over the course of the past two years, even without accounting for pandemic-related challenges to implementation. Appropriate CST utilization has increased from about 6% to over 15% during our first year of intervention, and increased from 15% to 38% during 2021. Additional interventions to further improve this performance are planned for implementation during the coming year.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming

WBH has seen an increase in the number of clients requesting help with a shortage of staff. Thus WBH has focused on staff recruitment and retention. WBH has instituted a multi-approach to recruitment and retention of staff in FY22. WBH will monitor and determine if steps need to be taken in FY23. Some of these are:

1. Loan repayment program for approved staff to obtain a master level therapist degree. We currently have approximately 30-35 employees in various stages of this program (FY22)

2. New Employees receive 40 hours of PTO upon hire (FY22 and FY23)
3. Full time employees received a 5% retro payment (FY22)
4. Part time employees received a 10% retro payment (FY22)
5. Benefited employees received a increase in 401K match (FY22 and FY23)

During the last year, WBH has also launched its new "Therapy Connect" service. This service is designed to connect clients needing urgent but non-emergent consultation with therapists who are available to meet their needs. Clients access the service electronically through WBH's website or by calling their clinic directly. However they access the service, clients are then offered their choice of several available appointments in the next 36 hours, and their choice of in-person or telehealth options. Dozens of WBH clients are now accessing this service on a monthly basis to meet urgent needs or to receive additional therapeutic support between their regularly scheduled appointments.

Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, [Local Homeless Councils](#), and other partnership groups relevant in individual communities).

WBH is involved in our community on multiple levels please see C & E Services above for a full list.

WBH continues to request and receive feedback from its allied agencies on the services WBH provides to their clients and staff.

Describe how mental health needs for people in Nursing Facilities are being met in your area

As stated above, WBH has Master's Level therapists and prescribers going out to nursing homes to provide mental health treatment in the nursing home facility. This provides better continuity in care as staff collaborate with the nursing home staff and the client

Telehealth: How [do](#) you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.

Clinical staff throughout Wasatch Behavioral Health have been set up to use the DHS Telehealth system or Zoom to provide services remotely. Both are encrypted to be compliant with HIPAA standards.

The services provided by telehealth are:

- Group Therapy
- Behavior Management
- Individual and Family therapy
- Case Management
- Psychosocial Rehabilitation Services
- Psychiatric Evaluation and Medication Management

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. [Technical assistance is available through Codie Thurgood: \[cthurgood@utah.gov\]\(mailto:cthurgood@utah.gov\)](#)

Kaelyn Robinson, LCSW has been designated as early childhood point person. He works closely with several community coalitions targeting children ages 0 through 5 years. Michael sits on the Early Childhood Utah Social Emotional Subcommittee which is working on goals to help families and young

children gain access to services and enjoy healthy social emotional development, as well access to services to address the needs of children who have or are at risk for developing mental health concerns or challenging behaviors. Part of this includes helping more clinicians become trained in using the Ages and Stages Questionnaire (ASQ) as well as the ASQ-SE to screen for developmental and social/emotional concerns. There will also be opportunities to become trained and credentialed in early childhood treatment competencies in the future.

Michael is also a part of the Zero to Three initiative that is creating a Safe Babies Court Track that will identify high risk families beginning services with Child Protective Services and provide intense, wraparound support that will help reduce family separation and strengthen the functioning of families through evidence based treatment and case management support. We also contract with county early intervention programs like Kids on the Move, Kids who Count, and the Provo Early Intervention Program to provide mental health services to parents and children as needed.

Kaelyn Robinson LCSW is the maternal mental health specialist for WBH.

WBH has staff trained in maternal health to provide appropriate and specialized services to this population.

Other Quality and Access Improvement [Projects](#) (not included above)

In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility. WBH participates in the NHSC for many of its locations to help staff pay off student loans. It is a helpful recruiting tool and benefits staff. There are yearly reports that need to be sent in from WBH and from the employee to continue the employee on this program. It also helps with productivity since NHSC requires a 60% face to face with clients. Thus it is a win-win for WBH and staff.

During the last year, WBH has also launched its new “Therapy Connect” service. This service is designed to connect clients needing urgent but non-emergent consultation with therapists who are available to meet their needs. Clients access the service electronically through WBH’s website or by calling their clinic directly. However they access the service, clients are then offered their choice of several available appointments in the next 36 hours, and their choice of in-person or telehealth options. Dozens of WBH clients are now accessing this service on a monthly basis to meet urgent needs or to receive additional therapeutic support between their regularly scheduled appointments.

30) Integrated Care

Pete Caldwell

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

WBH has partnered with Mountainlands Health Center which is a FQHC. We have combined resources and established a health clinic, labs, pharmacy, and etc to provide integrated care to our clients. We share a receptionist pool on the first floor that sets up appointments and checks-in clients for both agencies and both agencies have access to each other’s electronic record. Staff from each agency visits each other’s staff meeting to educate-coordinate-develop relationships with each other. There are two therapists whose offices are a part of the Mountainlands clinic. They provide crisis evaluations and consultation for the prescribers and medical assistants. In addition, WBH and Mountainlands Health Center have received an integrated Health Care Grant (U-PIPBHC) from the federal government. A nurse, case manager, therapist, and a health care connector have been hired to carry out this grant. In addition, our Medical Director consults regularly with their prescribers on difficult

to treat cases. The goal is to integrate mental health and medical health services to the degree that the client has full access to care from both agencies as if they were one agency. The Utah County Health Department is co-located with WBH at the Payson location along with Vital Records, Immunization and WIC.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

In July 2020, Utah County Division of Alcohol and Drug Treatment merged with WBH. This will increase WBH connection with community partnerships and clients who are dually diagnosed. Increased access for Medicaid and Non-Medicaid funded individuals WBH has a walk in clinic for intake to facilitate easier access to services and we continue to help those who are unfunded receive services through Medicaid Expansion. WBH meets on a weekly basis with Utah County Department of Drug and Alcohol Prevention and Treatment and many other agencies to discuss common clients and create a plan of action for each client. Utah County Department of Drug and Alcohol Prevention and Treatment: Promise South Program is located in the WBH building in Payson.

The WCFC has engaged in recent coordination with the Wasatch County Health Department to facilitate the best integration of care we can. Due to the rural nature of our practice and lower numbers, an integrated model is not fiscally viable. Services at the health department may be limited, however, we are shooting to coordinate and integrate health department services as much as possible.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

Therapists regularly discuss with clients in treatment the importance of exercise, eating properly, sleep, and relaxation or calming techniques. More specific objectives/goals about wellness are also established in the treatment plans if found needed through the assessment.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

WBH asks physical health questions in the initial assessment and at the prescribers appointments. Case Managers also track and work with clients to review physical health issues and attend doctor's appointments as needed with the clients if necessary or appropriate.

In addition, WBH and Mountainlands Health Center have received an integrated Health Care Grant (U-PIPBHC) from the federal government. A nurse and case manager have been hired to carry out this grant. The goal is to integrate mental health and medical health services to the degree that the client has full access to care from both agencies as if they were one agency.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a nicotine free environment as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

WBH continues to follow the policy created through the Recovery Plus process and focuses on helping

clients to reduce and/or quit tobacco by providing cessation classes, information about the Utah Quit Line, inquires about tobacco use during the evaluation process and during the wellness coordinators visits before being seen by the prescribers, materials are posted within and outside of the facilities of WBH to go over a template for cessation and smoking and vaping are included in the template. They ask if the clients want to quit smoking and provide resources if they want to quit.

WBH continues to work with and meet with the Utah County Health Department to coordinate treatment and resources.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and autism and other intellectual/developmental disorders. Please identify an agency liaison for OSUMH to contact for IDD/MH program work.

WBH provides pre-school services to children who have been diagnosed with co-occurring mental illness and autism. WBH also provides services in our Family Clinics, Stride and XCEL for children and youth with co-occurring mental illness, intellectually disabled, and autism. WBH has a BCBA who will consult with clinicians on appropriate interventions for people with co-occurring mental health and autism.

WBH has contracts with Chrysalis to provide mental health and medication management to those individuals diagnosed with mental health and Intellectual/developmental disorders.

WBH has a contract with Dr Yau who provides medication management to other various Intellectual/developmental disorders programs and ICFID

31) Children/Youth Mental Health Early Intervention

Leah Colburn/Tracy Johnson

Describe the Family Peer Support activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

Family & Youth Peer Supports with Wraparound:

Children/Youth Peer Support Services are provided Peer Supports. The Peer Supports are trained in Wraparound to fidelity and execute Wraparound Plans on a weekly basis. The Peer Supports complete thorough Strengths, Needs, and Cultural assessment to ascertain what the family needs in order to successfully access treatment. There is a Family Peer Support who works directly with the Mobile Crisis team. There is a Family Peer Support who works with School Based Services. WBH agrees to support and abide by the Family Resource Facilitator model of Wrap Around Planning to fidelity.

WBH will serve children and youth regardless of funding source (unfunded, underfunded, agreement, or Medicaid) as far as resources allow.

Include expected increases or decreases from the previous year and explain any variance over 15%.

None

Describe any significant programmatic changes from the previous year.

None

**Do you agree to abide by the Mental Health Early Intervention Family Peer Support Agreement?
YES/NO**

Yes

32) Children/Youth Mental Health Early Intervention

Leah Colburn/Nichole Cunha

Describe the *Mobile Crisis Team* activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

Mobile Crisis Team:

WBH Youth Mobile Crisis (CYFAST) team is a part of the WBH Crisis team and as such provides 24-hour crisis and emergency services to Utah County residents up to 18 years of age 365 days a year. Crisis clinicians are on-site from 8:00 a.m. to 9:00 p.m. Monday through Friday, 9:00 am to 3:00 pm on Saturdays and for 3 hours on Sundays and holidays.

The goal of the CYFAST team is secondary and tertiary prevention with a focus on preventing or reducing the immediate and destructive effects that can occur with an individual in crisis. The crisis team achieves this goal by using crisis intervention skills and expertise in telephone consultations, and face-to-face assessments and interventions, 24-hours a day throughout the year. Crisis clinicians are knowledgeable of community resources and work toward a disposition that assures the person's and community's safety while using the least restrictive environment possible. When needed, crisis clinicians arrange for the person in crisis to receive services in an inpatient facility, residential facility, or outpatient clinic. Anyone in Utah County, regardless of their ability to pay, who are in crisis will be screened for treatment, and referral, based on the acuity and severity of their situation. Additionally WBH, as the local mental health authority, provides an emergency mental health evaluation and subsequent treatment, as needed, on all individuals referred involuntarily on a pink slip, blue slip, or a judicial order. Individuals not needing immediate crisis treatment are referred to an appropriate community resource, and contacted the following day by a crisis worker to assess their continuing needs and assure continuity of care.

WBH will serve children and youth regardless of funding source (unfunded, underfunded, agreement, or Medicaid) as far as resources allow.

Include expected increases or decreases from the previous year and explain any variance over 15%.

None

Describe any significant programmatic changes from the previous year.

CYFAST will expand to a full Youth MCOT team with additional clinicians, case managers, peers and HSW's in order to provide more robust services for families and youth as WBH is able to hire additional staff..

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

WBH will gather and report on the DSAMH division directive requirements.

No expected increase

33) Children/Youth Mental Health Early Intervention

Leah Colburn/Scott Eyre

Describe the School-Based Behavioral Health activities you propose to undertake. Please describe how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

School-Based Mental Health:

School-based Services are designed to intervene early in the lives of children and youth with mental illness to minimize the effects on them and their families. Services are provided in their schools allowing the child/youth to receive treatment in a non-restrictive environment while improving their quality of life.

WBH provides School Based services in the Alpine, Provo, and Nebo School Districts, and in Charter Schools throughout Utah County. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes using face-to-face or telehealth means for treatment. Occasionally, a client or family may choose to be seen in the office. A school-based therapist and case manager are available in the American Fork, Provo, and Payson Family Clinics. The program is designed to intervene early in the course of mental illness to minimize the trauma to children and their families, while at the same time, treated in the least restrictive environment in an effort to improve the quality of life.

School-based Services has experienced therapists who work with the broad band of disorders that occur in children and youth.

WBH collaborates with school district officials, school principals and counselors, school teachers, and resource officers. We meet each new school year to coordinate services that are needed, and what we can provide. The Districts know the point people to contact for their area, which are usually the therapist and case manager assigned to them. We are well integrated and a part of teams who coordinate with each other.

WBH also collaborates with DCFS, DWS and the local Health Department in regard to children and their families.

WBH works in tandem with each child's family/parents to best support their treatment needs. Parents are encouraged to be involved in their child (ren)'s treatment. Therapists, case managers and FRFs frequently go into the homes to provide services and support. The following three programs Stride, XCEL and Strengthening Families Program specifically target the parents and the relationship between the child and the parent. Stride and XCEL offer weekly mandatory parenting classes/groups. The Strengthening Families Program is based on working with the whole family.

The following services are provided with the School Based Services:

Group Therapy

Behavior Management

Individual and Family therapy including by Telehealth means

Case Management

Respite

Psychosocial Rehabilitation Services

Psychiatric Evaluation and Medication Management and maybe done by Telehealth

The following three specific programs are offered:

Stride- after school day treatment for children

XCEL – after school day treatment for youth Strengthening Families Program

WBH will serve children and youth regardless of funding source (unfunded, underfunded, agreement, or Medicaid) as far as resources allow.

Provo School District has contracted with WBH to provide clinical mental health treatment in one elementary school, and has contracted to provide clinical mental health treatment and case management to designated children in small group classrooms. They will also add an additional therapist to help with risk assessment and to consult on mental health cases as well as contract for some outpatient services

Alpine School District has requested an additional 2 mental health therapists this next school year which will bring the total number of mental health therapists contracted by Alpine School District to 20. Nebo School District has requested a mental health therapist for their district this next year which will bring the number of therapists on contract to one.

Nebo School District has contracted for three therapists (2 positions are currently filled).

Charter Schools who are contracting for therapists

Waldon School of the Arts in Provo has contracted with WBH to have a therapist there 15 hours per week for the past 3 school years.

Reagan Academy has contracted for a therapist to be there 20 hours per week during the school year.

Merit Academy has contracted for a therapist to be there 36 hours per week during the school year, effective August 2021.

CS Lewis Academy contracted for a therapist to be there 6 hours per week starting in August 2021 and requested for this to be increased to 9 or 10 hours per week a few months later. This contract has expanded to allow for the provision of case management and Individual/Group behavior management as well.demy

Include expected increases or decreases from the previous year and explain any variance over 15%.

Alpine School District is adding 2 therapists contracted from WBH to help with the demand from their schools for behavioral mental health. In the same light, The Nebo School District is adding 1 contract worker.

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services for the upcoming school year. (Please email Leah Colburn lacolburn@utah.gov a list of your FY23 school locations.)

We continue to incrementally add positions as we can due to the shortage of clinicians available. We will be serving all schools in the Alpine School District because of our contracts with them. Provo and Nebo have specific schools we will be serving. A list of schools will be provided.

Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to, including their email.

Designated people like a case manager or therapist in each school district compiles the data of clients and sends it quarterly to Bryant Jenks, LMFT, Program Manager. From this data, information is made available to Brian Butler, LCSW, Director of Clinical and Community Services who sends in the reports.

34) Suicide Prevention, Intervention & Postvention

Carol Ruddell

Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.

WBH follows the principles of the Zero Suicide Initiative for the State of Utah. WBH will use the principles of the Zero Suicide Initiative to help develop its policy. WBH is in part focusing its annual staff conference on training staff on suicide prevention. WBH will focus on integrating the CSSRS into its electronic chart and training staff on how to use the screening portion as well as the full assessment to help identify early the clients who are contemplating suicide and then create a safety plan with the client.

Prevention:

WBH has a representative that serves on the Prevention Coalition at the DSAMH. Information is then integrated into a comprehensive vision at WBH. We are involved in training, education, and community awareness. We are members of the HOPE 4 Utah task force. We partner with the HOPE squads in many of the schools. We have representatives who attend weekly meetings with local law enforcement. In addition, we hold two Crisis Intervention Team (CIT) academies with the police, county jail, dispatchers every year. The following are prevention activities that WBH has participated in:

1. 19th Annual Suicide Prevention Conference which is now called The Rocky Mountain Suicide Prevention Conference
2. 15th Annual Utah County Suicide Prevention Walk
3. Campus Suicide Prevention Walk
4. Many community meetings in schools to educate parents and students on suicide prevention
5. Participated in suicide prevention training for religious groups
6. A resource for local newspapers on suicide prevention-intervention-postvention
7. Helped create a statewide performance improvement project on suicide prevention

Intervention:

WBH has integrated the Columbia Suicide Severity Rating Scale (C-SSRS) and the Stanley/Brown Safety Plan into our electronic chart. We are also using the Y/OQ as a screening tool for the initiation of the C-SSRS if the client answers "Frequently" or "Always" on the suicide questions within the Y/OQ. By the client answering "Frequently" or "Always" it triggers an alert within our electronic chart indicating that the staff member needs to evaluate for the potential suicidal ideation with the C-SSRS and then

possibly create a Stanley/Brown Safety Plan with that particular client.

Other interventions include the FAST – Family Assessment Stabilization Team is a new innovative way of thinking about mental health treatment. FAST as it implies, focuses on timely intervention and prevention to both youth and adults. FAST includes 24-hour access to care, Mobile Crisis Outreach in the community, 24 hour Receiving Center services at the Receiving and Outreach Center (ROC), Crisis Residential Support, and Inpatient Hospitalization when necessary. We provide assessment, prevention, crisis resolution, consultation, and follow-up services.

We work in concert with other community agencies, physical health providers, and law enforcement, to provide a holistic treatment approach to mental health care.

Postvention:

We are involved in developing a model of postvention support for suicide survivors with other community partners, agencies and interested individuals. We have been involved with postvention in the schools throughout our community as suicides occur to help schools, families, religious communities and communities in general deal with the death of person(s) who have taken their life. The following are prevention activities that WBH has participated in this last year:

1. Provided staff to help local schools screen and provide treatment for students affected by peers who took his/her life.
2. Created a response team of therapist to help communities with postvention services
3. Participated with several businesses in the area to help their staff process employee suicide or other tragic deaths.

WBH will use its annual conference to train staff on topics such as Suicide Prevention, Intervention, Postvention, C-SSRS, Stanley Brown Safety Plan, using the Y/OQ as a screener and alerts within Junction (WBH's EHR) and other important topics related to mental health.

Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:

1. **Suicide Prevention 101 Training**
2. **Safe & Effective Messaging for Suicide Prevention**
3. **Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)**

Doran Williams LCSW
Randy Huntington LCSW
Laura Oaks LCSW
Amanda Stansfield LCSW

Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.

WBH will respond to any death by suicide or suicide attempt if requested by school districts or other agencies. We have provided crisis workers in all three school districts and charter schools to help with crisis situations/interventions/postvention, and debriefings if requested. We have staff in over 100 schools throughout Utah County to provide mental health services and crisis interventions as well as support the specific school or district for postvention activities. We have staff in three charter schools who also provide mental health and crisis interventions. We coordinate services with Hope4Utah and other agencies as listed below. WBH has also provided postvention services to a few local businesses in our county when an employee has died by suicide and they requested our services. WBH uses a version of the "Mitchell Model" which is part of the CISM program for debriefing and postvention. We also work at the direction of local school district officials to support local schools during times of need.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. **By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
2. **By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, "N/A" below.

N/A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

N/A

35) Justice Treatment Services (Justice Involved)

Thom Dunford

What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?

~~This is what happens if I put information into this form~~

Describe how clients are identified as justice involved clients

How do you measure effectiveness and outcomes for justice involved clients?

Identify training and/or technical assistance needs.

Identify a quality improvement goal to better serve justice-involved clients.

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.

36) Specialty Services

Pete Caldwell

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable, enter NA.

The Giant Steps program receives Autism Contract funding from the State of Utah. The Giant Steps program uses a multifaceted, family-based treatment based on the latest body of literature that informs programming decisions. Treatment is individualized and based on the needs of the child, and is guided by ABA principles and research. Giant Steps operates under the supervision of a Board Certified Behavior Analyst, who directs 6 classrooms full of 12 or 13 children who have autism and often other mental health or emotional needs. Individuals are selected on a first come first serve basis, in that families can call in when they have a concern about their child's development and go on our waiting list. While they are waiting for an opening, we have them referred to other community resources that are applicable. These services included diagnosticians, early intervention services, and ABA services in the community. Once in the program, baseline data is collected and each child is assessed. The assessment included both autism and mental/emotional development issues, as well as trauma and other areas of concern. Individual progress for each child is measured according to their progress on the Psychoeducational Profile (PEP-3) as well as the Childhood Autism Rating Scale (CARS-2). Aggregate data for the program as a whole is collected and compared with previous years.

WCFC does not receive money for PATH services and too date has not had need to utilize PATH services elsewhere.

37) Required attachments

- Policies and procedures for peer support and family peer support, including peer support supervision, family peer support supervision, and involvement at the agency level.
- List of evidence-based practices provided to fidelity. These are highlighted in blue in the above section 29
- Policies for improving cultural responsiveness across agency staff and in services.
- “Eliminating Health Disparity Strategic Plan” goals with progress.
- Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.